

Is Ebola the Beginning of the End of the World?

As deaths rise in Monrovia and the sick cluster in gutters outside overcrowded treatment centers, many people are turning to God for answers -- and salvation.

BY **CLAIR MACDOUGALL** SEPTEMBER 22, 2014

MONROVIA, Liberia — Dr. Mohammed Sankoh, the medical director of Redemption Hospital, stole a few moments before meeting with his staff to sketch out a sermon in cursive in a blue spiral notebook. Sinking forward into his small frame, he furrowed his brow, bowed his head, and read Corinthians 13 aloud from his small, brown King James Bible.

"If I have the gift of prophecy and can fathom all mysteries and all knowledge, and if I have a faith that can move mountains, but do not have love, I am nothing," Sankoh recited under gold-rimmed glasses.

In addition to working at Redemption, Sankoh is a part-time preacher at Philadelphia Church here in Monrovia. But his two roles intertwine these days, as he seeks understanding in a crisis of unprecedented, horrible proportions: the Ebola outbreak. A holding center has taken over the main wards of his hospital, housing suspected patients before they are tested and released, or transferred to a treatment center. The disease has already claimed nine Redemption staff members.

All around Monrovia, there are portents and prophecies. The number of suspected probable and confirmed cases of Ebola throughout the whole of Liberia has risen to more than 3,000, with more than one-third occurring in the capital, according to figures from the country's Ministry of Health. Predictions of infections and deaths in the broader West African region, ranging from 20,000 cases to hundreds of thousands, have been offered by international experts and virologists.

But amid these prophecies, there are also signs of love. Outside Redemption, near a faded, red metal door, exhausted relatives wait in the September rain. In their hands are plastic bags full of clean clothes, bread and biscuits, and mobile phones and minutes so they can monitor the condition of their family members. They ambush health workers in white hazmat suits to get whispers of information about those inside Redemption.

Last Wednesday, Roosevelt Sargeoh, a 52-year-old teacher from a suburb in Monrovia called Battery Factory, sat near the front of a small bar directly opposite the red door. Since September 14, Sargeoh had been arriving at 6 a.m. and waiting until 10 p.m. for word about his son Exson, a patient inside. Exson, 22, a student in his final year of high school, who had dreams of being an engineer, became ill the previous week. He was vomiting, his stomach hurt, and he couldn't go to the toilet or eat. Sargeoh was concerned about keeping him in the house with his wife and seven other children, so he chartered a taxi and took Exson from hospital to hospital. (There are eight hospitals and many small clinics in the city.) No one would accept him. As his son lay outstretched in the back seat of the yellow station wagon, Sargeoh knew he would possibly die. Finally a doctor told Sargeoh to take Exson to Redemption.

The staff at the holding unit instructed Sargeoh to leave his son in a sitting area, a wide gutter, outside the front entrance. Exson lay down and waited for two and a half hours before he stumbled inside. His father watched him go.

"I said goodbye in sorrow and tears," Sargeoh explained, but not with words.

Waiting outside of Redemption, Sargeoh held a small, black, rectangular bag containing a mobile phone he hoped to give to his son and hand sanitizer for himself. Sargeoh was dressed in a baseball cap, with long sleeves and closed shoes, measures he thought would protect him from Ebola.

Late that evening he learned of Exson's death. His son's was among 70 bodies removed from the holding ward at Redemption last week, according to supervisor Sam Tarplah. "People come in seriously sick, and there is nothing you can do about it. You reach here, you drop, and die," Tarplah said.

Monrovia is racing against time to prepare beds to deal with its current caseload of people infected with Ebola. The World Health Organization (WHO) and Doctors Without Borders, also known as Médecins Sans Frontières (MSF), have been calling for 1,000 beds to be created, but there are now only around 400. Before long, as cases increase, the city will need many, many more. Sankoh's job, in other words, will only get harder — and more people like Sargeoh, hoping for salvation, will lose their loved ones.

When asked how he makes sense of the crisis, Sankoh again turned to religion. "All of us will die," he said. "We are all strangers passing through."

Last Tuesday, after a meeting with the Centers for Disease Control and Prevention, U.S. President Barack Obama described the outbreak as "out of

control" and said it could lead to a "potential threat to global security if these countries break down, if their economies break down, if people panic." Obama called the situation a "national security priority" and announced the establishment of a military command center in Monrovia. He also pledged \$500 million in funding from the Department of Defense to fight the disease. He promised to send 3,000 military troops (who are not intended to come into contact with patients), to construct 17 Ebola treatment units with 100 beds, and to train 500 health workers per week. The U.S. Agency for International Development (USAID) will also distribute 400,000 protective kits with sanitizer and gloves (Liberia is a focus of this plan).

Echoing Obama on Thursday, the U.N. Security Council declared Ebola a "threat to world security" that could undermine peace and security in affected nations. It said it is creating an "emergency U.N. mission" that will work with the World Health Organization (WHO).

Both announcements came just over two weeks after MSF President Joanne Liu called for U.N. member states to deploy civilian and military medical teams in Ebola-affected nations. They also came after Liberian President Ellen Johnson Sirleaf's office sent desperate letters to world leaders, pleading for help. (In an address broadcast over national radio and television last week, Johnson Sirleaf thanked Obama and members of the U.S. Congress who support the action plan, but she also stressed the need to "strengthen our health care system in the long term.")

Jeremy Youde, a political scientist focused on global health at the University of Minnesota Duluth, says the announcement of U.S. deployment points to a positive shift in the attention being paid to Ebola, but it should have come four or five months ago. "How quickly can they mobilize?" Youde asks. "You look back at the plan the World Health Organization released back in August, and one of the issues that came up there was the WHO doesn't have those resources or those personnel on its own. So it has this great plan but it has to spend a month, or six to eight weeks, trying to get other people to come on board with it. Is this [Obama's plan] the kind of thing that will happen next week, or will it take three to four weeks to go through an appropriation process?"

On the ground in Monrovia, needs are growing by the day, even the hour. The infection last week of a foreign nurse with MSF meant that the organization's 160-bed treatment center was unable to accept patients for two days, according to MSF press officer Sophie-Jane Madden. It has since reopened. Other centers are full, yet every day, ill people show up in taxis and ambulances at the gates of treatment centers. When they are not accepted inside, many go back to their communities, where they could continue to pose a risk to their families and neighbors.

Redemption, which saw its first cases of Ebola months ago, has become a potent symbol of crisis and the near-collapse of Liberia's health care system. Esther Kesselly, described by her colleagues as a "diligent, caring, and hardworking nurse," died in the emergency ward in late May. A Ugandan doctor, Samuel Mutoro, who treated Kesselly, also contracted the virus and became the first doctor in Liberia to die from Ebola.

Earlier this month, the Redemption staff came to work to find all of the wards boarded up, with only the outpatient department remaining open. The pediatrics, obstetrics and gynecology, surgical, and emergency wards are now filled with beds for suspected Ebola cases. The holding ward will close when there are enough beds in treatment centers, says Assistant Minister of Health Tolbert Nyenswah. (On Sunday, Island Clinic, a facility with 120 beds, opened nearby. Ambulances have slowly started moving patients from Redemption. At the opening ceremony, Minister of Finance Amara Konneh thanked people for their pledges of support, but urged them to turn their "commitment into cash.")

The establishment of other treatment units, however, has been slow moving. They must be built with utmost care, ensuring that waste disposal is executed properly and that water and drainage does not contaminate neighboring communities. Monrovia's torrential rains during the wet season, which stretches for five months and makes many roads impassable, has been hindering construction, according to Jean-Pierre Veyrenche, who is overseeing the building of treatment units for the WHO.

Outside a large, long-unfinished building, the construction of which came to a standstill with the onset of the civil war in 1989, yellow earthmovers stand parked in the rain. At the end of the war in 2003, displaced people cooked, showered, slept, and traded between the black, moldy walls of this windowless structure. The Chinese once proposed making it into a new ministerial complex. Now there is a plan to set up tents outside of the building, with 100 beds — another front line in the Ebola crisis. Veyrenche, however, said it will be at least a month before this unit opens.

Constructing the sites is not the only hurdle. "Finding foreign medical teams to come has been a challenge," said Roar Bakke Sorensen, the spokesperson for WHO in Liberia. Complicating matters, health workers promised hazard pay in August have yet to be paid.

Amid the chaos of ambulances roaring, family members waiting, and people dying in and near Ebola treatment units, there is a paradoxical sense that Monrovia has come to a standstill. The plush, maroon-carpeted amphitheaters of Capitol Hill,

where senators and legislators usually sit in dark wood chairs behind lecterns, were empty on Tuesday. The political center had been closed after James K. Morlu, the deputy sergeant at arms, was suspected to have died of Ebola at Redemption. The halls were disinfected with chlorine spray. Many other government buildings in downtown Monrovia and along Tubman Boulevard, the city's main thoroughfare, are largely empty, with nonessential staff sent home. The clicking of black shoes and roar of children departing school each afternoon is gone; classrooms stand empty, unlikely to be filled until next year.

John F. Kennedy Memorial Hospital, the nation's largest hospital, is desolate and quiet, now filled with a jumble of plastic chairs, stacked beds, and abandoned hazmat suits. Many health workers are frightened to come to in, for fear that a patient might arrive with Ebola. Patients with other ailments are being turned away. The hospital's morgue is empty. In the kitchen on Thursday, a worker placed a few food trays on a trolley. There were only seven patients to attend to in the whole facility.

The same day, at an Ebola treatment unit run by the Ministry of Health that has taken over the JFK cholera ward, a thin, middle-aged man hung out the window of an ambulance as though he was about to vomit. Four other people were in the shadows of the ambulance's tinted windows; the vehicle could have been mistaken for an ordinary car. The man had come from Kakata, a town in Margibi County, over an hour away. Those transporting him were from a hospital that last month lost almost half of its staff members, according to workers from the facility. With only a few ambulances or vehicles serving as such in each county and treatment centers few and far between, rural health workers must drive for miles with suspected patients across muddy, potholed roads.

Nearby people gathered to read the Daily Talk, a famous chalkboard on which the latest local news is written. All of the news was about Ebola. The headline "Killer Bean Ebola" underscored a picture of a strange wormlike creature with a skull-and-crossbones head, holding an arrow in one hand and a dagger in another. "I was created in the image of Satan to destroy life and property on earth," words under the drawing read. In the lower left-hand corner was a photograph of an Ebola survivor whose blood, the board claimed, could be used to treat patients.

At the Ebola treatment center, a fire billowed, burning used hazmat suits and waste, as people headed to their homes before the nightly curfew imposed by the government.

Sankoh believes Ebola is a sign of the end of times, which, according to Luke in the Bible, would be marked by earthquakes and pestilences. Others similarly believe that only God can explain the outbreak: In front of Redemption, a 13-year-old girl named Esther Cooper, whose mother, father, and 5-month-old brother had

recently died from Ebola, lay on the ground in a pink T-shirt next to an elderly woman trying to stay conscious.

"I feel terrible, but there is nothing I can do," said Cyrus Williams, the girl's uncle. "I hope God will restore her. Everything is with God."

Liberia's Military Tries to Remedy Tension Over Ebola Quarantine

By **CLAIR MacDOUGALL** MAY 12, 2015, The New York Times

MONROVIA, Liberia — The chief of staff for the Armed Forces of Liberia, Brig. Gen. Daniel D. Ziankahn Jr., hung up his navy blue suit, put on a bright yellow jersey and shorts, then bounded toward a sandy field.

Nine months earlier, his soldiers fired live rounds into the seaside slum of West Point and beat residents after rioting broke out on the first day of a government quarantine of the neighborhood during the Ebola epidemic.

But now, rather than manning a barricade, his troops were playing a soccer match intended to help repair the rift between the security forces and the residents of West Point.

On Saturday, the day Liberia's Ebola epidemic was officially declared over, the players scuffled and tumbled back and forth on a makeshift soccer pitch flanked by hundreds of community members, most of them cheering for the side in black, their own West Point All Star team.

It was a stark contrast to last summer, when a holding center for Ebola patients was set up in the same part of Monrovia, the capital, without the community's consent. Residents feared that the government was importing the disease into their neighborhood, and some ransacked the center a few days after it was established.

The unrest, and the late-night secret burials of Ebola victims by their families, led President Ellen Johnson Sirleaf to announce a quarantine of West Point that would begin on Aug. 20, effectively trapping tens of thousands of residents inside. West Pointers woke up behind barricades guarded by soldiers and police officers. When the neighborhood commissioner, Miatta H. Flowers, tried to move

her family on the first day, security forces helped. Rioting erupted, residents expressing fury about being cut off from the rest of the city.

A few people were shot, including a 15-year-old boy, Shakie Kamara, who later bled to death while Monrovia's major hospitals reeled from the epidemic. Shakie's body was buried without an autopsy.

Ms. Johnson Sirleaf acknowledged in an interview in March that her decision to quarantine West Point had been a mistake. "It did not take long to know that did not work," she said. "It created more tension in the society."

But on Monday, during a ceremony to celebrate the end of Liberia's Ebola outbreak,

Ms. Johnson Sirleaf also defended the security forces, emphasizing the role they played in helping American soldiers build treatment centers during a chaotic period for the country.

“They don’t always do good things, and sometimes some of them do bad things,” she said. She added that she wanted to commend the security forces because they “protected us in those difficult days when the sirens were screaming and the telephones were ringing and people were dying.”

As Ebola has disappeared from Liberia, attention has turned again to West Point, which has been lauded for organizing itself and establishing infection control measures that drove the virus out of the community almost five months before the epidemic ended throughout the country. The quarantine was halted after 10 days. On Armed Forces Day in February, Samuel Kofi Woods, a former minister of public works who is also a human rights lawyer, urged the military, known as the A.F.L., to return to West Point to mend relations.

“The A.F.L. must return to West Point, this time armed with shovels, diggers, pens, paper,” he told hundreds of soldiers at a ceremony, “and engage in community waste management and sanitation, cleanup exercises, adult literacy, sporting activities and other initiatives aimed at restoring the broken relationship.”

Mr. Woods and two American officers who helped in the Ebola efforts — Lt. Col. Allen Hahn and Lt. Col. Kevin Koerner, who worked with the United Nations mission in Liberia — set out to start the reconciliation process. “It seemed like the right thing to do,” Colonel Hahn said, adding that the need

to remedy ill will about the quarantine put the Liberian government in a “politically sensitive” position.

The two Americans helped arrange a series of community meetings in West Point focused on transforming the dark, damp school that had been used as the holding center for Ebola patients, as well as on the project to reconcile the community with the security forces.

The official reopening of the school, the Nathaniel Varney Massaquoi elementary and junior high school, was held on Friday. Built in the 1970s, it was a food market that was converted to a school under the military dictator Samuel Doe.

With weak walls and a rusty roof, the building did little to nurture learning or shelter students from the heavy rains that beat down on the country half of the year. And with few toilets and unsanitary water, it did little to protect them from disease.

Over the last two months, the school has been renovated by volunteers and the army’s engineering battalion, with the help of close to \$400,000 from the United Nations and other donors.

The haunting blue walls, which surrounded patients dying on thin mattresses on the floor, have been washed white. The low roof was raised, and light now filters in. Fans

spin on the walls, electricity is steady, and water will soon run through pipes for the first time in decades.

A colorful mural of fish, canoes, a butterfly and Liberian peppers designed by an artist from Baltimore was painted across the facade. Despite the official reopening, the school was not prepared to welcome students back last week, even though three months had passed since other schools that had closed during the outbreak started up again. Final adjustments were being made for an expected opening on Monday.

While many West Pointers lauded these efforts, some chided the government for what they called its lack of involvement.

“We felt neglected by the government; the government cannot tell me it spent a dime, and it’s a government school,” said Alaowei Z. Warri, head of the school’s Parent Teacher Association. One day recently, the military’s jaunty band marched down the main road of

the neighborhood, and soldiers in plain clothes helped pick up trash. But whoever shot Shakie has not been identified, and the decision-making behind the West Point quarantine and the soldiers’ behavior have not been fully explained, despite inquiries by the military and the national human rights commission. Still, many residents say the recent cooperation points to the possibility of laying the tensions to rest.

Many also say more must be done to improve living standards in West Point, like providing clean water, toilets and showers, many of which have been ripped away by coastal erosion.

“What you see here was done by the international community. It is foreign partners that came in and did it,” said Kenneth Martu, a community leader who negotiated with the government to lift the quarantine. “These things are just symbolic, but I think we need to do more.”

At a memorial service before the soccer match, Shakie’s brother, Daniel Bah, read from a piece of paper with the heading “Family Statement.” The family thanked a variety of people, including President Obama, the United Nations, the Liberian military and Mr. Woods, asking them to “ensure a better living” for Shakie’s grandmother and father.

The teenager’s relatives, along with the family of a man who was wounded during the riots, have talked with the government about compensation. For now, even critics of the government have praised the military’s

conciliatory steps. “The citizens of Liberia are embracing the armed forces of Liberia,” said Mr. Warri, the parent-teacher leader. “That bitter past is erasing little by little.”

In the feel-good match, the West Point All Star team claimed a victory, 1-0.

Kona Kalon, a resident who sells dry goods, jumped up and down. “West Point beat the soldier people,” she said. “We are very happy.”

Time Bomb: Ebola Returns to the Ghetto

On a warm morning in February, as Liberia's deadly Ebola outbreak seemed to be waning, Ralph Norman was returning to his home in Paynesville – a suburb east of Monrovia – when a welder stopped him on the street and asked for help. A man, he said, was lying in his work shed, bloody and near death.

For days, Norman, a broad-shouldered middle-aged man with a boyish face, had hardly slept. He'd heard that his stepson, a troubled 21-year-old named Emmette Logan, had been in a knife fight. Logan hadn't been home since, and Norman spent days scouring the streets of Red Light, one of Paynesville's most dangerous neighborhoods, going from one drug den to another, searching for him.

Wanting to help the welder, Norman – an unemployed former soldier in the Liberian Army – rushed to the shed. When he opened the door, he saw Logan lying on his back on the sandy floor, in a pool of blood. “He was breathing just like a fish when you take it from the water,” Norman said.

Norman ran from the shed and went door to door, frantically trying to borrow money for a taxi. An hour later, as he was still trying, Norman received a phone call from a friend in the military. “Your son is tango uniform,” he said. He spoke in military jargon, but Norman knew what he meant: Logan was dead.

“They killed him over a golden plum,” Norman later told me, using the Liberian term for a mango.

What had begun as a bloody battle over a piece of fruit would soon throw a city into crisis.

Rotting in the Darkness

In shock, Norman watched as the police quickly cordoned off the shed. Two days later, a Red Cross burial team arrived dressed in hazmat suits; a neighbor had called them, concerned that Logan may have had Ebola. The burial team took a swab of his mouth and later determined he indeed had been infected. Yet because it wasn't clear what had ultimately killed him, Ebola or his wounds, the Red Cross allowed the police to take pictures of Logan's corpse, since they would be investigating a possible murder. When they were done, the burial workers placed his body in a white bag, heaved it into the back of a pickup truck and drove to a special cemetery, where in recent months Ebola victims had been buried to prevent the disease from spreading.

Unable to afford a taxi to the cemetery, Norman and his family weren't able to attend Logan's funeral, weren't able to weep as his body was lowered into the ground. Only the gravediggers were there to say goodbye. Back in town, as word spread that Logan had been infected with Ebola, Norman watched as health workers frantically began searching for anyone who had come in contact with him. Their biggest worry was that Logan may have passed the virus to dozens of young men from the surrounding slums – many of them drug addicts and “gronnah boys” – small-time gangsters who tend to distrust authority and thus might be difficult to quarantine. Norman also learned from Logan's

friends that five young men had attacked his stepson, and that the man who allegedly wielded two razor blades was known only as Johnny. Another accomplice went by a nickname, Time Bomb – an apt metaphor for the explosive potential of the case and the disease that’s recently devastated large parts of West Africa.

Over the past year, Ebola has killed more than 10,000 people. Almost half of those have died in Liberia, including 200 health workers. The Liberian government and international donors have been desperately trying to care for the sick while, at the same time, preventing the virus from spreading. They seemed to have finally won that battle: On March 5, doctors discharged what they said was the last known Ebola patient from a treatment center in Monrovia. But a new case was discovered on March 21, not long after the country reopened its borders, sparking renewed fears of contagion.

As Logan’s case reveals, such fears are not unfounded. In interviews with Newsweek, Logan’s friends and family, as well as health workers, police and local gangsters, recounted his last days. The story of his death and its aftermath shows how difficult it is to contain an epidemic – and solve a murder – in a country where distrust of authority is widespread and the lack of water, toilets and access to basic medical services helps the deadly virus proliferate.

Scars from the War

Logan was raised in Red Light during Liberia’s bloody civil war in the 1990s. An estimated 250,000 people died in the conflict as factions, often divided along ethnic lines, vied for power. Residents named their neighborhood, a strategically important area during the fighting, after a traffic light – one of the few in the city back then.

More than 12 years have passed since the end of the war, and busy shops and market stalls now populate Red Light’s crowded streets. But residents still bear scars from the war, both physical and psychological. Those who didn’t fight still grew up hard and lived on the margins; they were not ex-rebels or members of pro-government militias, but they adopted many of their pernicious tactics: robbing and pillaging, fighting for stature and smoking crack and low-grade heroin, called Italian White, to get by. These people had few opportunities to escape Red Light, and many never even made it to high school.

Logan’s mother worked odd jobs, cooking and selling bowls of food on the street. His biological father was a construction worker. Neither was around much, and Logan and his two older brothers, Charlie and Trokon, shuffled between the homes of friends and extended family, mostly fending for themselves. By the time he was a teenager, Logan had become a gronnah boy, spending his time jacking cellphones and car batteries to pay for food, clothes and drugs. Like most other petty criminals, Logan had multiple aliases and wore them like masks to make himself seem tough. Among them: Chance Boudreaux, the action hero played by Jean-Claude Van Damme in the 1993 film *Hard Target*. Logan’s life, however, bore little resemblance to the glamorized violence of an American B movie.

When he wasn’t robbing people or getting high, Logan slept on the street, in a jail cell or in that welding shed where he bled to death.

During Logan's teenage years, after his mother had married Norman, his biological father – an addict – tried to help his sons. He sent all three boys to a Bible boot camp where organizers counseled drug-addicted teens, converted them and structured their life around prayers and chores. Logan was baptized, and for a few months, fell in love with preaching. But Logan – a tall, wiry and aggressive kid – was prone to fighting. Eventually, he and his brothers quit the program and returned to the streets. Charlie was the only one who didn't turn back to drugs.

After he left the camp, Logan began smoking more and more Italian White with his friends. He had to steal to sustain his habit, which left him at risk of being attacked, beaten and murdered. By the time he turned 21, he had a girlfriend and a 4-month-old son, but his lifestyle never changed. "He lived on the street," says Menkarweh Wonyehn, one of Logan's friends. "He was a criminal."

Wonyehn would know. Last year, the stocky 24-year-old was sleeping on the porch of his father's bar when Logan and another friend, Samuel Blama, 19, crept into his room and stole his CD player. Wonyehn went to the police, who arrested the two. Due to a lack of evidence and the pettiness of the crime, the authorities let his friends go, and Wonyehn quickly forgave them. He cared about Logan and Blama and hoped they would one day stop using drugs. He dreamed they would get clean and the three of them would start a welding business together, even though none of them had any sort of training.

Wonyehn saw what was good in Logan. In fact, Logan likely contracted Ebola through an act of kindness he showed a stranger. In January, roughly two weeks before he died, friends say Logan was walking through Red Light when he saw two men and a woman walking near a swampy patch near the road. One of the men collapsed, and Logan rushed over, picked him up, carried him to a taxi and sent the three strangers home in the cab across town. Shortly thereafter, doctors later said, the man who collapsed died of Ebola-related complications.

Logan didn't know that. Nor did he realize that he had contracted the disease himself.

Blood Gushes From His Wounds

Several days later, Logan was in Red Light, hanging out in two small tents controlled by a local drug dealer named Spoiler. A large, formidable woman in her late 30s, Spoiler once fought for the rebels. When the police would raid her yard, she sometimes confronted them topless or naked to scare them away.

One of the most popular drug spots in Red Light, Spoiler's den was where young, sinewy men hung out with girls with fake eyelashes. Most were gangsters, hustlers or prostitutes, and almost all of them were addicts. Many named themselves after rap stars – Queen Latifah, Nicki Minaj, Rick Ross and DMX. Outside the tents, potato greens and maize sprouted in a nearby garden. Inside, Spoiler's customers cooked heroin on chewing gum wrappers, then used pipes made from foil to inhale the smoke, their eyes rolling back into their heads the moment they exhaled.

Those who saw the fight between Logan and Johnny say it grew out of the latter's good fortune. Time Bomb had come into some money, about \$1,000, and had given a few hundred to Johnny. Their unexpected, temporary wealth was a source of envy, particularly for Logan, and when he saw Johnny eating a mango, he began chiding him, calling it "rotten" and teasing him for burning through his cash so quickly. The argument escalated, and before long, Johnny and Logan were trading blows as the rest of the men and women in Spoiler's yard watched.

Of the two, Logan was the taller and stronger and a far better fighter, so he got the best of Johnny as they scuffled in the soft dirt. After several minutes, Johnny seemed to concede, and the two men went their separate ways. But minutes later, Logan again attacked, this time with a razor blade, slicing the smaller man's ear. As Johnny clutched his ear in pain, several of his friends, allegedly including Time Bomb, grabbed Logan, disarmed him and held him down. A few onlookers told Johnny to take Logan to the police station, but he refused. Instead, he tried to stab Logan with an old kitchen knife, but the blade was too dull and did not penetrate Logan's stomach. A friend handed Johnny two razor blades, and he sliced them across Logan's face. Then he used the razors to slash Logan's spine.

As blood gushed from Logan's wounds, his attackers fled. A bystander came to his aid, putting ground-up Christmas leaves, a local remedy, on his wounds. The next day, as the wounds festered, Logan's friends rushed him to a nearby clinic, where a nurse attended to him. He was badly maimed, and the clinic suggested he go to a hospital, but he couldn't afford it. One of the gashes on his back was deep, almost to his spinal cord. The nurse told them even a small mistake in sewing him up could have left him paralyzed.

Logan never told his family what had happened; perhaps he was too ashamed. His friends, including Blama and Wonyehn, brought him food and water as he lay in the shed. Over the next 48 hours, his condition worsened, and Blama, too, soon became ill with Ebola-like symptoms. His sister eventually took him to the clinic, leaving Logan alone in the shed. The next day, February 2, a week after the attack, Logan died in the shed.

Several days later, as word of Logan's injuries spread, Time Bomb sent money to get Logan a ride to the clinic that had first treated his wounds. Logan returned, and they re-bandaged his wounds, then took him to a hospital, where health care workers stitched him up and sent him home. They never screened him for Ebola.

Hunting for the Virus

The news of Logan's death and the postmortem discovery of Ebola triggered alarm bells for Dr. Mosoka Fallah, a 44-year-old epidemiologist and immunologist who, over the past year, has been chasing the Ebola virus across Monrovia.

He and his colleagues were tracking an outbreak in St. Paul's Bridge, near Monrovia, where the disease had spread while many had refused to self-quarantine. (The infected man Logan had helped in Red Light, Fallah believes, came from St. Paul's.) And now the doctors feared the virus would soon spread quickly among the addicts in Spoiler's tents. "Where there has been an increase and sustained cases it has always been poor communities with low social and economic security, overpopulation and poor sanitation,"

Fallah says. “Early on, [the poor] decided that that was their fate, to be down, not to fight back, and . . . in poor communities they only trust themselves.”

A few days after Logan’s death, Fallah and his team traveled to the ghetto to negotiate with Spoiler about a voluntary quarantine. Fallah has worked in rough communities before, but this was his trickiest case.

Since Spoiler and her cohorts are part of a drug gang, they deeply distrust the police and the government. There was also the inherent tension between the doctors trying to stop an epidemic from spreading and the police trying to solve a brutal crime. According to a source on the team that manages and monitors Ebola cases, authorities struck a deal with Spoiler: If her people agreed to be quarantined, the police would agree to stop the murder investigation. They were allegedly willing to let a brutal attack go unpunished if it meant preventing the deaths of hundreds, perhaps thousands.

Fallah declined to speak about the alleged deal, and the police did not respond to multiple requests for comment. But once the dozens of young men who may have had contact with Logan agreed to be quarantined, the investigation stopped. And, almost three weeks later, when the Ebola team finally caught up with Time Bomb and a few other suspects, none were arrested. The nurses who cleaned and bandaged Logan’s wounds were also quarantined. The hospital worker who stitched him up later died of the virus in a treatment unit. The only person who remained at large was Johnny, the prime suspect in the crime and someone clearly at risk for infection. His mother said she didn’t know where he was. His friends suspected he didn’t believe the police would honor their part of the deal and he had gone into hiding. Rumors swirled that he had fled to Sierra Leone. But no one really knew if he was dead or alive, or if he had the virus, which was likely.

While Fallah knew finding Johnny was crucial, he had to also make sure the young men in Spoiler’s yard stayed in an Ebola treatment center until it was clear they weren’t infected. For the next 21 days, these young men lived well under his watch. The doctors paid them \$10 a day, provided them with clothes, fed them chicken shawarma and soda and gave them access to satellite television – luxuries in a country where the average person survives on less than a dollar a day. According to workers in the unit and the men under quarantine, the Ebola treatment unit even gave many of the gronnah boys a low dose of heroin and marijuana to keep them from escaping and spreading the virus. All the while, the Ebola team, fearing a scandal, tried to keep news of this unusual arrangement away from the press.

Three weeks later, the 32 gronnah boys lined up at the exit of the treatment center dressed in clean T- shirts with logos that read, “Goodbye to Ebola.” They were all healthy. No one, save for Logan, the health care worker who stitched him up and Blama had been infected. (Remarkably, after weeks of treatment, Blama survived and left the hospital, vowing to stay off drugs.) As they filed out of the treatment center and onto a bus, many chanted in unison: “Who let the dogs out? Who! Who!” And as they were zoomed across town on a bus, the men sang church songs as bystanders gawked. When they stepped off the bus in Red Light, Fallah handed each \$50, a bag of rice, some beans and cooking oil.

‘That Man Laying Down There’

Roughly two months have passed since Logan's death, and Liberia's Ebola epidemic seems to be under control. But Norman is still trying to make sense of what happened to his stepson. He's glad the virus spread to only a few other people, but Johnny remains at large, unprosecuted and, more important, untested. The authorities no longer seem to be looking for him.

On a recent afternoon, Norman was finally able to visit the cemetery where Logan is buried. Located 45 minutes outside of Monrovia, in an area known as Disco Hill, Logan's grave is a large clay mound marked with a white wooden cross. On the back of the cross, his name and the day he died, February 2, 2015, are written in black marker.

"That man laying down there . . ." Norman said to himself. His voice trailed off, and he began to weep. As he cried, the wind blew, rustling the trees around the gravesite. Through his tears, Norman stared at the cross. Then he turned away.