CATHOLIC RELIEF SERVICES

Responding to the Ebola Crisis In West Africa

By MICHAEL STULMAN

When a disease strikes and people are ill and dying, your instinct is to go and help, especially if you are a humanitarian worker at Catholic Relief Services. For a Catholic organization, the call is as clear as the commands of the Corporal Works of Mercy, based on Matthew 25: "For I was ill and you cared for me."

During the 2014 Ebola epidemic in West Africa, helping was a complex task involving many nations, many organizations and many choices.

Myriad factors go into planning any CRS emergency response, whether we are dealing with victims of an earthquake, a drought, a typhoon or a virus. We need to figure out exactly what people need — then, how that can be delivered. Who else is responding? What are their areas of expertise? What are our areas of expertise? How do the needs on the ground match up with what CRS can deliver quickly?

We never rush in unprepared, because we know how inefficient that is. Haste may seem like the right reaction in an emergency, but, like the old adage says, it does, indeed, make waste. Fewer people end up getting help. Precious time is lost correcting mistakes. And, in the case of Ebola, haste could be life-threatening to those trying to help.

CRS began planning a coordinated response as soon as news spread that Ebola had emerged in West Africa. Ebola is a frightening disease. It is extremely communicable. Its victims excrete enormous amounts of liquid, all of which is contagious. Many of those who die from Ebola are health care workers who contract the virus while caring for the ill. Those health care workers are the very people most needed if the epidemic is going to be contained.

One advantage CRS has in emergencies is that, in most cases, we already are at work in the areas affected. As part of the global church, CRS is active in more than 100 countries around the world, at the invitation of the bishops. Therefore, if an emergency strikes, we probably already have relationships with the church, religious and secular local partners as well as community leaders, allowing us to quickly find out what they need and the best ways to serve them.

DEALING WITH MORE THAN DISEASE

That said, we do not have expertise in every country in every area. So we coordinate with local authorities and other humanitarian agencies to see how to design the response so it can be the most effective. In the case of Ebola in the West African countries, it quickly became clear that clinical medical work should not be the main CRS focus — there were others better equipped to do that — but the outbreak affected communities and countries in so many other ways that it was like a dam leaking from a hundred different holes. Each one had to be plugged.

For example, in the affected countries, other diseases, illnesses and medical conditions did not go away — and Ebola strained already weak health care systems beyond the breaking point. Health care workers were dying. Health clinics became zones of infection, thus off limits. So many medi-

cal personnel were tasked with Ebola patients that those with other ailments were ignored.

CRS trained more than 3,000 health workers in Guinea and Liberia, helping to provide routine health care to an estimated 3 million people. We also provided personal protection equipment to help keep health workers safe when they did encounter Ebola.

Information can be as important as medicine — maybe even more important — during an epidemic. People did not know where Ebola was coming from or how to avoid getting it. Some, particularly in rural areas, had begun to suspect that the health care workers brought the disease from the cities. Hospitals gained a reputation as places people with Ebola went and never came back, so families would hide their infected relatives, hoping to treat them at home. That, of course, only further spread the virus — and death.

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In Guinea and Sierra Leone, CRS worked on information that went out on the radio and in text messages — the media people in those countries used most — aimed at changing their beliefs and behavior regarding Ebola. We also trained trusted people in communities — religious leaders and other volunteers — so they could more effectively teach people the truth about the disease and help them protect themselves, their families and their communities.

In Liberia's capital, Monrovia, the important Catholic hospital, St. Joseph's, was closed after Ebola decimated its staff. The hospital's highly respected director had fallen ill and was immediately tested for Ebola. The test came back negative, and many on the staff helped in his care.

It turned out the initial test was incorrect. He did have Ebola. It spread. In the end, eight people on the St. Joseph staff died — the director as well as doctors and nurses. The loss of staff and fear of further spreading the disease caused the hospital to close, meaning thousands of people were deprived of medical care.

CRS worked with St. Joseph's to get the hospital open again, though specifically not to take care of Ebola patients, who were screened and sent to appropriate facilities. Liberians needed St. Joseph's for access to other important health care services.

One of the most tragic aspects of an Ebola outbreak is that the virus does not die with the victims. Dead bodies are a prime source of transmission, and that was exacerbated by cultural traditions in Sierra Leone. The government instituted strict measures so that whenever there was a report of an Ebola death in a home, an official response team in full protective gear was dispatched to spray the body with disinfectant, seal it into a plastic bag and remove it immediately — its destination often unknown.

Those practices were totally against local customs. In Sierra Leone, people treat the dead with reverence and respect, and they are ceremonial about washing and preparing the body for burial. The customs are so important that people would hide an Ebola death in order to carry out the rituals, during which they were infecting themselves and spreading the virus.

In such a situation, no one is "wrong" — to the contrary, everyone was trying to do what they believed to be right. But people found it startling, if not frightening or infuriating, to be suddenly confronted at home by members of a masked and anonymous burial team bent on removing a deceased loved one's body with no ceremony and as little contact as possible with either the corpse or the grieving family.

CRS began working with local spiritual leaders and government public health institutions to come up with a solution. The burial teams stopped arriving without notice. They were preceded by someone who would explain the danger the body posed and why it must not be touched or washed. Only then did the team, clad in protective garments, come into the home, but they were instructed to treat the body with respect and disclose its destination. Relatives were able to participate in appropriate ceremonies of love, goodbye and grief in keeping with their religious and cultural traditions, except for those that involved direct contact with the body.

The result: Cooperation with officials skyrocketed, and with that, infection rates from dead bodies plummeted.

SPILLOVER

You might not think that help with agriculture is a way to fight the effects of Ebola, but in this outbreak, it was. Trying to keep the virus from spreading, the Sierra Leone government instituted strict travel restrictions — but that meant some town-dwelling farmers couldn't go tend their fields. Other farms were left untended because their farmers were quarantined, sick or dead. Many farmers who were able to grow crops could not get them to market. Food shortages resulted.

CRS reached more than 120,000 people — including orphans, widows, discharged patients and other vulnerable communities — with supplemental food. And we then helped farmers with seeds, tools and other agricultural necessities when they were able to get back to work.

AFTEREFFECTS

It has been two years since the epidemic struck. The disease now is firmly under control, but relief work goes on. Ebola left many orphans in the affected countries, and CRS supports families who take them in. Educational services are aimed at reducing the stigma that accompanies both orphans and survivors. Counseling helps heal the trauma that these young people endured in losing their parents to the horrific disease.

Most importantly, CRS wants to leave behind permanent changes that contain and prevent infectious diseases. It is well recognized by world health authorities that the 2014 Ebola outbreak was so deadly — of a suspected 28,000 cases, more than 11,000 people died — because it struck in countries with chronically weak health systems. We firmly believe it is not enough to go in, take care of an acute problem and then leave, ignoring the chronic issues.

In our work combatting HIV and AIDS, our AIDSRelief project in 10 countries made sure it was leaving behind stronger systems — from hospitals to pharmacies to community-based support workers — that can deal with HIV for generations to come. Most of the AIDSRelief work now has been handed over to local partners who not only are maintaining, but improving on our statistical impact against the pandemic.

In Liberia, we worked to make sure that St. Joseph's Hospital regained and enhanced its important place in Monrovia's health care system after the Ebola epidemic.

The fact is the countries most affected by the 2014 Ebola outbreak — Guinea, Liberia and Sierra Leone — are among 83 countries that do not meet the World Health Organization minimum recommended number of health care providers. Building strong health systems in countries like these requires expert technical assistance to key stakeholders, including ministries of health, local technical organizations, civil society organizations and faith-based health networks. Faith-based institutions play a vital role in the health systems located in poor countries, and CRS has years of experience in strengthening these systems.

Keeping the systems strong will require ongoing support, not just from CRS donors, but from governments and other major international organizations. Too often, money pours in during an emergency and then dries up once the spotlight turns off. CRS works to make sure the U.S. Congress and other institutions remember that investing in building up these health care systems will help stave off the next emergency, saving money and lives in the long run.

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The tragic effect of the 2014 Ebola outbreak in West Africa will be felt for years to come, by so many and in so many ways. At CRS, we are working to see that it also has a positive aftermath in stronger, more resilient systems that are prepared to withstand the next shock.

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JOURNAL OF THE CATHOLIC HEALTH ASSOCIATION OF THE UNITED STATES www.chausa.org

HEALTH PROGRESS®

Reprinted from *Health Progress*, September - October 2016