

A classroom at Cathedral Catholic School in Monrovia, Liberia, closed in an attempt to curtail the deadly ebola virus in the country. Photo: CNS

# On the front line of a deadly fight

Fourteen years ago, the UN Security Council recognised the HIV/Aids pandemic as a global health emergency. Last month, it afforded similar status to ebola in West Africa, where the Church has been using its considerable experience of dealing with HIV/Aids in countering the disease / **By ROBERT J. VITILLO**

**L**AST MONTH, I was in New York for a meeting at the United Nations connected to my work with Caritas Internationalis. It was the week that the UN General Assembly opened and my meeting was in the vicinity of the “Glass Palace” of UN headquarters.

People did not walk, they ran, each giving the impression that the future of the world depended only on him or her. Sirens screeched and streets were closed as heads of state arrived one after the other.

From New York, I proceeded directly to Monrovia, Liberia, where the sense of urgency as a result of the ebola epidemic was palpable from the moment I stepped out of the aeroplane. There, the sirens also screeched day and night as they carried suspected or confirmed ebola patients to the special treatment units where, with a 67 per cent mortality rate, more deaths than recoveries occur.

But, in Liberia, I did not encounter any people who walked as though they were about to save the world – on the contrary, at each government meeting I attended, the ebola response teams first paused to pray to ask for God’s help in addressing the epidemic.

There, as my temperature was taken with a gun thermometer what seemed to be at least 20 times a day, the security guard at the Catholic College for Health Sciences, who was suited in surgical mask, gloves and boots, always had time to smile at me and ask how I was doing.

When I first engaged in the Caritas response to HIV, back in the mid 1980s, I recall being shocked as we looked at estimates that some 25,000 people had been infected with this newly identified virus. Now the public-health experts estimate that, over the past 35 years, more than 30 million people have died of Aids-related causes. This analysis quickly leaves room for speculation that ebola might morph into an epidemic of similar proportions to that of HIV.

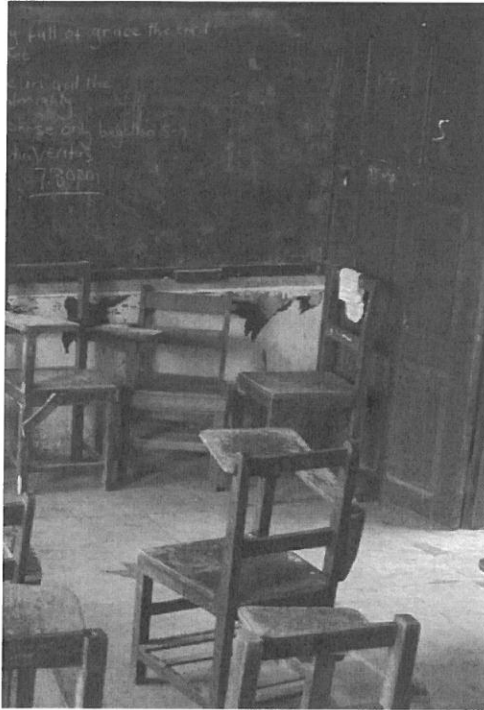
While the dynamics of transmission are different, we must acknowledge that the spread of ebola in the current outbreak within the three most heavily affected countries of Guinea, Sierra Leone and Liberia is truly alarming (see box opposite). Previous outbreaks, including those in the Democratic Republic of Congo and Northern Uganda, were limited to small, rural areas and were

rather quickly contained. The present situation, however, involves spread of the disease to urban centres and has resulted in much higher numbers of infected people.

**THE REACTIONS** of panic, irrational fear, collective misinformation, denial, stigma, discrimination and outright rejection have been uncannily similar in both the HIV pandemic and the ebola outbreak. During my visit to Monrovia, I heard of neighbours, and even of family members, threatening to burn down the homes in which ebola patients were living, or blocking the return of recovered ebola patients (even though the latter develop immunity to the disease and can never again be infected or infect others).

I spoke with the social worker at an ebola treatment unit who complained that old people or young children, originally confined in holding centres to determine whether or not they were infected, were sometimes abandoned by their families even after they had been declared ebola-free.

Also prominent in the local press and on the doors of some fundamentalist Christian churches are proclamations that ebola is the



current “punishment from God” for the “sinful ways of Liberians”. All these situations placed me in a déjà vu experience of previous unformed and prejudiced reactions to those living with or affected by HIV and Aids.

**SINCE 1987**, when Caritas Internationalis first identified the HIV pandemic as one of its priority areas for both study and action, I have literally traversed the world to facilitate additional support and technical assistance to local church responses to this disease.

Now, just as in the early days of HIV, church-run facilities constitute an essential pillar in the middle of the ebola crisis. The Catholic Church in Liberia has operated 17 health facilities, ranging from small to large

clinics and one Catholic hospital in Monrovia. Many government and other private clinics have closed as a result of the ebola scare and the lack of personal protective equipment (PPE) to keep health-care workers safe while delivering treatment to patients suffering from a whole range of diseases.

Through the indomitable commitment of Sr Barbara Brilliant, FMM, coordinator of Liberia’s National Catholic Health Care Council, 14 of the Catholic facilities, however, have remained open and have been assuring the ongoing health care to people in their respective catchment areas.

Regrettably, the Catholic Hospital closed after it lost nine of its staff to the disease, having received ebola patients before appropriate protective gear had been secured. But now the Brothers of St John of God are determined to reopen the facility as soon as possible.

The Catholic church facilities also have “jump-started” training in infection control procedures and established a supply chain and distribution of PPE supplies before the Liberian Government initiated any such programming.

Another curious, but positive, turn of events is that community-based HIV and Aids education teams, including some living with HIV, have been “conscripted” to bring ebola prevention messages to clergy, catechists, teachers, local parish communities, and to individual households in many villages.

Sr Thava, FMM, coordinator of HIV services at the Mother Patern Catholic College for Health Sciences, immediately mobilised such teams in Monrovia, and they report excellent results in motivating people to use basic hygiene measures to avoid infection, such as frequent hand-washing with bleach solution and disinfecting any surfaces that may have been contaminated by the body fluids of those suspected to be infected with ebola.

**THESE COMMUNITY** education efforts also have been effective in reducing stigma and discrimination toward ebola patients, as well as those who have recovered from the disease. Caritas Liberia is now planning to establish similar programmes in all three dioceses and all 15 counties of Liberia, while the Caritas organisations in Guinea and Sierra Leone have been implementing such social mobilisation programmes for many months.

There are clear differences, but also some striking similarities, between the HIV and Aids pandemic and the ebola outbreak. I pray that the extent of the Church’s outreach to the most poor and marginalised, the quality and comprehensive range of its services from medical to social to pastoral, the rootedness of the Church in local communities, and its strong advocacy voice for and with the most affected will join forces with many others effectively to bring an end to the outbreak of ebola in the West Africa.

Robert J. Vitillo is special adviser on health and HIV at Caritas Internationalis.



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