

**Briefing on the Situation of Ebola Virus Disease in Coastal West Africa
and the Response of the Caritas Confederation and
other Catholic Church-inspired Organizations**

Report of Meeting:

04 November 2014, Palazzo San Calisto,
Piazza San Calisto 16, 00153 Roma

List of Participants and other interested persons – see Appendix 1

Cardinal Peter Turkson, President of the Pontifical Council for Justice and Peace, opened the meeting with the Prayer written by Caritas Sierra Leone. He commended the activities of this day in the name of the Father, and of the Son, and of the Holy Spirit. The participants read a prayer written by Fr. Peter of Caritas Freetown.

Mr. Michel Roy, Secretary General of Caritas Internationalis, welcomed the Ambassadors of USA and Netherlands to the Holy See. He thanked the Cardinal Peter Turkson for offering us hospitality in the meeting room of this Pontifical Council, who led the group in the prayer written by the Director of Caritas Sierra Leone.

He noted that we were coming together to inform ourselves, share our experiences, and share our questions on this dreadful epidemic. “Ebola” is the name of a river in Democratic Republic of Congo (DRC), where the disease was first identified. We come from different organizations of the Church. This is the witness that all together in the Church, and as Church, we want to protect and care for the most vulnerable of humankind. The sick are the “incarnate body of Christ among us.” On September 24 and 29, 2014, Pope Francis called for solidarity of the whole Church and recognized the work of the medical community responding to this situation.

What characterizes this moment is urgency. We are involved the Caritas in Guinea, Sierra Leone, and Liberia have been involved since the beginning. We have a number of appeals launched. He pointed out that Msgr. Vitillo, of Caritas Internationalis (CI), had visited Liberia to bring the solidarity of the CI Confederation to the Church and people of Liberia and to help Caritas Liberia develop an emergency appeal for assistance and aid.

We are going to update ourselves and we welcome our colleagues in the affected countries who will join us virtually. We will share experiences and discuss experiences together and find the ways to go forward together – two words for the meeting: urgency and expediency.

Overview of the situation in the field:

Dr. Tim Flanigan showed an illustration of the virus that causes viral haemorrhagic fever. This is new for West Africa; he presently had been present in DRC and Uganda, but this was new for the region of West Africa. There was much fear, misinformation, many people tried to run away. Ebola is one of many viruses present in animal kingdom – another virus, rabies, is in animals and can infect humans. The first case of enters from animal to humans – Many fruit bats are infected; often the bats are shot down from trees – bloody process . Once the virus infects a human –

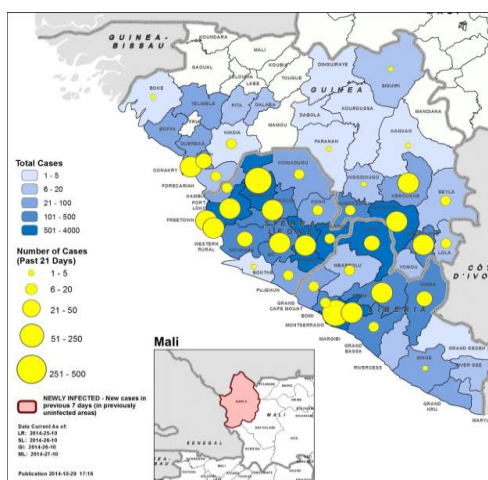
very efficient process - body fluids of people already infected come into contact with uninfected person – but targets transmission – mainly health care workers or people in the same household are exposed or targeted transmission among health workers.

Infections can be transmitted to others when those already infected with the virus already have symptoms or people are sick. Transmission only occurs when the infected body fluids of an infected person are able to enter the body of a previously uninfected person (e.g., enter through an open wound, or through the mouth or the eyes, or through sexual contact). We talk about wet patients (with fever, diarrhoea, vomiting) or dry patients (people without symptoms but who may be infected). Symptoms: high fever, influenza, vomiting diarrhoea (symptoms appear between 2 – 21 days). Average symptoms appear in 12 days. Survivors are well – virus may survive in semen for 90 days – thus recovered patients are encouraged to abstain for 90 days. Treatment is supportive – fluids. Treatment will come but still being developed. Research on vaccine in animal models is very positive. We hope to have a vaccine by end 2015 and distributions in 2016.

Before the current epidemic of Ebola in coastal West Africa, there only were 2000 cases during the past 35 years. Now we have more than 13,000, but, for the most part, these remain limited to the three heavily affected countries of Sierra Leone, Guinea, and Liberia. No significant spread has occurred in the neighbouring countries.

Why did this spread so quickly? The health care system in these countries remains quite weak, people move across borders easily, people reacted with flight and panic. Dr. Flanagan demonstrated a map showing the spread of the virus in small outbreaks (see below). Cumulatively, Liberia is the worst affected country; Sierra Leone is catching up. Each case of Ebola could be considered an outbreak; each infected person may infect between 10 or 100 other persons with whom she/he comes into physical contact. Thus each case could be considered as a “fire”. Some areas have low prevalence and have stayed that way.

Update of Ebola Situation as of 27 October 2014



There have been 13,703 EVD cases, with 4,200 deaths, up to the end of 27 October. All districts in Liberia and Sierra Leone are now affected. Cases/Deaths:

- Guinea: 1,906/997
- Liberia: 6,535/2,413
- Sierra Leone: 5,235/1,500

Five countries (Mali, Nigeria, Senegal, Spain, and the United States of America) have now reported at least one case imported from the country with widespread and intense transmission.

What actions are needed in response to Ebola?

- diagnose patients – with Ebola “PCR” specialized lab testing
- treatment should take place in Ebola Treatment Units (ETUs)
- stop transmission – educate people in communities to understand and respond in order to break the chain of transmission
- refer patients with symptoms of Ebola to ETUs; safe burial practices
- very importantly, burials should be done by specially trained burial teams

The pattern of the epidemic increases and decreases very quickly and rapidly – this can be demonstrated by tracking of admissions to ETUs (Ebola Treatment Units). At first people hid the sick, then they understood and referred their loved ones to ETUs; with the latter response we see a decrease in new cases.

During this epidemic, essential services for the affected communities should be ensured – food, water, schools, clinics and health system have to open. In Monrovia today, you are more likely to die of typhoid than from Ebola. A short time ago, 80% of dead bodies were positive for Ebola; last week, 20% were positive; but this may not indicate that the epidemic is coming to an end – we must continue to observe the pattern of new infections and admissions to treatment units. Social stability is very important; when you do not have that – you can have social conflict.

We must prevent the outbreaks in other countries – we need better treatment and vaccines – hopefully these will come quite soon but not soon enough. Community engagement is key to the decrease in new infections. In many communities, in Liberia, people with HIV were trained and mobilized to educate about Ebola. There is much distrust in these countries – the Church enjoys such trust and can play a very powerful role.

Reports from the field:

Sr. Barbara, Coordinator of the Catholic Commission for Health Care in Liberia and Dean of the Mother Patern Catholic College for Health Sciences:

Sr. Barbara said that she and the college have been around for a long time and know Liberia well – so when the outbreak came, she knew that she had good human resources in the health college – nurses, lab technicians, and social workers. She mobilized the whole college – 65 staff, 23 of whom are health professionals. She did not believe the Catholic Church had the expertise to open an ETU but it does have an excellent system for health care and they wanted to keep this open. With regard to community education and mobilization in Liberia, we utilized our HIV/AIDS team for the Catholic Church – it already was quite good at community education – we used our educators and trainers and went to parishes especially working with youth to do training in parishes. Also the Franciscan Missionary of Mary (FMM) Sisters have a huge school – they mobilized their teachers to do training in 28 schools of the Archdiocese. All schools are closed, so faculty and staff remain a resource to be utilized in Ebola education and control efforts.

Community mobilization, social mobilization is of the biggest need – now we have to go out into the rural communities – the Church is well placed with catechists and assistants in the Church.

St. Joseph's Catholic Hospital – lost 9 of its missionaries and local health care workers – much pain and sorrow ensued among the Brothers of St. John of God and their staff. The Brothers now are convinced that they need to move on – staff training has been completed - isolation unit constructed – ICRC plans to assist with re-opening the Catholic Hospital within the next weeks, but only the maternity unit will open.

Fr. Patrick Kabba, President of Caritas Liberia and former Secretary General of the Episcopal Conference of Liberia:

Social mobilization is so important in a poor country especially where patients were stigmatized. These patients have lost everything, but fortunately are still alive. Many people, although they have heard about Ebola, but still do not understand. Many have nothing to eat because of Ebola. The Church is well placed to reach out to the remotest part of the country. Thus Caritas Liberia is asking CI for solidarity to reach out to the people most in need. WE need to tell them of the danger, how to avoid further transmission and tragedies in the future.

Fr. Kabba reported that he is completing his service as Secretary General of the Episcopal Conference of Liberia. Each bishop is responsible for the Caritas in his own diocese. We can ask the parishes to work on this situation – but we need to be careful that people avoid complacency and think that they no longer face the threat of Ebola.

Fr. Kabba has had his own experience in dealing with Ebola as a local pastor – the Catholic hospital is within the boundaries of his parish – so he worked closely with the hospital staff who had died. The parishioners started to avoid him because they were afraid that he would transmit the virus to them. This is not an easy feeling to experience. He is trying to educate his parishioners but this is not an easy situation. He has confronted the parishioners about their stigmatizing. He invited recovered patients (two religious Sisters) to come for a Thanksgiving Mass – some parishioners expressed concern – he told them they were part of their communion and could not face any rejection or stigmatizing. He encourages all to live together.

Questions to Sr. Barbara and Fr. Kabba:

Ambassador Hackett:

What type of collaboration is taking place between the Church and your governments and with the international governments that are sending help? Do you have any indication or understanding of why there has not been transmission in Cote d'Ivoire given the freedom of movement there?

Sr. Barbara:

Collaboration between Church and government is ongoing. Sr. Barbara, as Coordinator of the National Council of Health Services, and attends all meetings with government on health services. Catholic Church has 18 health facilities in the country. Government is offering them a MOU to help – but it is extremely slow. With regard to international collaboration many levels of bureaucracy, but ladder is so slow that

the Church is on the ground. But Sr. attends all the meetings. There are 640 health facilities in the country and government operates 50%.

According to Fr. Kabba, we cannot really be sure that there are no infected people in Côte D'Ivoire even though no infections have been reported there.

Fr. Mathieu, Director of Caritas Guinea & Doctor Antoine, Programme Manager

Fr. Mathieu thanked Caritas Internationalis for organizing this meeting. Caritas Guinea launched the appeal to obtain funds and thus be able to assist the population to educate them. Thanks to the confederation of Caritas, we had a good response. Dr. Antoine: We wanted to engage the community and especially the community and religious leaders – Christian and Muslim; then we wanted to transmit the information to the people in the communities and to distribute hygiene kits in the communities. We also did public communications through radio, etc.

Obstacles: There was much reticence in the community – fear about Ebola as a deadly illness – Especially the religious leaders were afraid to engage but we tried to convince that there was a great need for their involvement. Another obstacles was the lack of resources to intervene in all the region.

Caritas Sierra Leone – Fr. Peter Konte (Caritas Freetown) and John Edward Bull (Caritas Sierra Leone):

Mr. Bull said that the Ebola crisis started in Sierra Leone on 25 May 2014, in a remote area of the country – quickly it spread to Kenema and then spread to the North and then to the Western areas – to Freetown. Today there are more than 3800 cases of Ebola; there have been many responses from government, donor community, other governments, and Church, including Caritas. One response is to advocate for those infected to be sure that they are treated in a dignified manner. The Archbishop and bishops of the country, with support of Caritas, have engaged in much advocacy. Caritas has done massive sensitization in every corner of the country. Caritas has not engaged directly in health services, except for the few church-related facilities. Caritas is working closely with government and with CRS, CAFOD and others.

Fr. Konte spoke about coordination. Immediately after the start of the outbreak, the government set up a Task Force – Caritas was not in the medical pillar – it was in the psycho-social task force – it gives reports on its activities – serves as the mainline of those communities allocated to Caritas. Caritas also works actively with the Inter-religious Council – Caritas serves as the Vice President of this Council. Caritas provides food and psycho-social support; it also is becoming involved in the area of safe burial. Caritas will train all the priests so that they and the families could participate in the burials from a safe distance.

Has there been reluctance to allow priests and families to participate in the burial process? We are just beginning to do the training on safe burials. The procedures made it very strict for non-medical people to be involved in safe burials, but now the resistance now has been overcome – families and priests could be involved in final rites, in counseling families, to assure proper way to burial people in accord with the

Catholic tradition. Caritas Sierra Leone and local Caritas have a number of districts where they will be the focal agencies for burials

Ebola Epidemic in Coastal West Africa - Responses taken by Caritas Member Organizations in the heavily affected countries and in the surrounding countries - CI Emergency Response Team – November 4, 2014

Albert de Haan of the CI Emergency Department offered this summary report of the appeals and activities related to the Caritas response in the heavily affected and surrounding countries. He noted that, when an emergency occurs, the national Caritas could launch an appeal, a request to members to support with funds or supplies – 35-40 are launched for a total amount of some 2 650 000 Euro

Caritas Internationalis has launched 4 Emergency Appeals (EAs) to support the intervention of its Member Organisations in Guinea Conakry, Sierra Leone and Liberia.

OCPH-Caritas Guinée:

- 1st phase budget: ca EUR 160,000.
- 2nd phase budget: ca EUR 480,000.

Caritas Sierra Leone:

- 1st phase budget: ca EUR 300,000.
- 2nd phase in preparation (ca EUR 750,000 tbc).

Caritas Liberia:

- 1st phase budget: ca EUR 900,000

Caritas Sierra Leone:

Training:

In the Dioceses of Bo, Kenema, Makeni, and Freetown, the diocesan Caritas organizations have conducted training sessions for priests, catechists, teachers, nurses, Catholic youths, with facilitation by the District Health Management Teams.

Prayer:

In all Catholic Churches, parishes, and out-stations, the Church has integrated a religious dimension to the response, by organizing prayer, fasting, and preaching sermons on Ebola.

Parish-based Activities:

In the Diocese of Bo, Freetown and Kenema, small group trainings, sensitizations and house-to-house focus discussions have been organized across the various districts and parishes.

Distribution of hygiene material to 3,600 households: buckets, chlorine and soap.

Coordination:

with Ministry of Health & Sanitation.

with WFP for food distribution.

in-Country Caritas organisations (CRS, CAFOD, TROCAIRE) and Caritas Italiana.

Next Phase:

Continuation with prevention programmes at community levels.

Psychosocial and material assistance to quarantined people (food & hygiene kits).

Medical supplies (including PPE) to Catholic Health Centres.

Support care centres for orphans and separated children.

OCPH – Caritas Guinea:

The OCPH (Organisation Catholique pour la Promotion Humaine) – Caritas Guinea started its intervention in April 2014 in coordination with UNICEF to assist 14,400 HHs in the most affected areas.

1st Phase of Caritas Guinea’s response: completed from April to September 2014 in 5 districts.

2nd Phase: started in September in 13 districts.

Phase 1:

Prevention kits (water containers, soap, chlorine, rehydration salts) to 6,000 households (42,000 people) and in 50 public places.

PPE (Personal Protection Equipment) kits for 55 health care workers.

home visits to 9,250 households reaching more than 64,000 people in 59 villages.

10 training sessions for 55 Caritas agents and 50 religious and community leaders to prepare for community awareness sessions.

2980 community awareness sessions.

5 parish early warning teams established.

Dissemination of more than 3,500 public health messages thru the mass media outlets and of Bulk SMS messages to 1 million people.

Phase 2:

Provision of food rations to at least 1,250 people in quarantine/affected.

Continuation of community awareness sessions for approx. 60,000 people thru home visits made by 153 Caritas agents.

Provision of prevention kits to 8,460 households and in 120 public places.

Focus group discussions, audio-visual presentations, radio-TV talk shows.

Strengthening of community early alert systems to identify new cases of infection and to monitor people at risk (one monitoring team in each of 120 targeted villages).

Increasing visibility of Caritas Guinea’s intervention.

Coordination with and support from UN Agencies (WFP, UNICEF) and CRS/Guinea.

CRS/Guinea: training of health care workers and provision of PPE.

Caritas Liberia – Emergency Response – Phase 1:

Training sessions with community mobilizers and focus group discussions with opinion leaders for public education.

Social mobilisation: awareness campaign in parishes throughout the country.

Psychosocial & trauma counseling to cope with stigmatization;

Hygiene (soap, buckets, chlorine) and IEC (info/educ/comm) material to 4,800 HHs.

Provision of food to 3,000 HHs.

Human rights & aid monitoring and advocacy.

Catholic Health Commission of Liberia:

Maintaining Catholic health services (for health problems other than Ebola - 14 of 17 facilities are functional).

Plans to re-open Catholic Hospital in Monrovia + one additional clinic.

Training sessions for health care and non-health care workers on four key areas:

support to those who have recovered from the disease;

prevention and community outreach;

reopening and care of Catholic health centers;

pastoral support at burial sites.
Collaboration with the Ministry of Health and Social Welfare. With CRS for the recovery of health care centres.

Preparedness in the Surrounding Areas - Mapping of Caritas' activities in West and Central Africa:

- Caritas Benin – Ebola Prevention Project in coordination with CRS (Catholic Relief Service, USA member of Caritas Internationalis).
- Caritas Burkina Faso – EVD Contingency Plan in coordination with Misereor and the Medical Mission Institute in Germany.
- Caritas Ivory Coast – Prevention and community sensitization in coordination with UNICEF.
- Caritas Gambia – Sensitization and awareness raising in parishes and health centres in coordination with the Health Ministry.
- Caritas Ghana – Bishops' statement disseminated thru the media. Ebola Alert Action Plan in coordination with CRS.
- Caritas Mali – preparation of a Contingency Plan in coordination with the Canadian NGO “Relations Publiques Sans Frontières” (RPSF).
- Caritas Nigeria – participated in elaboration of the National Contingency Plan. Pastoral Letter issued by the Bishops. Project on awareness and sensitization submitted to OFDA thru CRS.
- Caritas Chad – Dissemination of the statement signed by the Bishop President in coordination with CRS and Misereor. Participation in the elaboration of the National Contingency Plan.
- Caritas Togo – Project for raising awareness and community sensitization.
- Caritas Senegal – Dissemination of prevention material with the Health Ministry and WHO. Participation in the elaboration of the National Plan. Coordination with the Medical Mission Institute and Misereor.

Impact of Ebola on Food Security in West Africa

- Restrictions on population movement. Social stigma.
- Market closures. Rising of food prices.
- Below average harvests and households incomes.
- Disruption to markets and livelihoods: in all three countries - Sierra Leone, Guinea and Liberia - many people live of subsistence farming. Many farmers are not able to plant for the new season.
- Deterioration in the nutritional quality of HHs diets.
- Food Insecurity is expected from March 2015 onwards.
- Contingency planning for emergency food assistance.

Brief report on efforts of other Catholic Church-inspired organizations and religious congregations:

Dr. Ochel, Medical Mission Institute

- set up an information platform: free on-line resource – www.medbox.org
- conducts training and education – preparing Red Cross and MSF collaborators on use of PPE and e-learning course on response to Ebola, including community response

- supported Misereor through a mission to Liberia to help the Catholic health care institutions to open and applied for funds from German Government

Fr. Aris – Camillian Fathers

- Fr. Aris recently visited Sierra Leone
- Transportation is difficult – at times reports on new cases submitted late
- Much sensitization efforts are made – parishes are moving forward to sensitize communities – using the prayer circle
- Much need of Church presence to families in isolation
- Humanitarian needs – food, etc.
- Overcrowding in households – thus contamination in household is quick
- Still there is much fear and denial – long terms of quarantine as one and another family member becomes sick – food provision is not enough for 21 days – even the church has difficulty bringing in supplies for 21 days
- UNICEF has organized a survivors seminar – there much more work to help integrate them into their communities
- Orphans – being kept at the holding centres – government does not want to send them back to their families – much concern about their future
- In the North of Sierra Leone, little availability of lab facilities to diagnose Ebola; already several vehicular accidents occurred bringing the specimens to the lab – slow progress to set up the labs, to construct new facilities – many say the British will take over
- The Diocese of Makene: there are some health facilities still in operation

Dorothy Klipper

- support partners in Liberia – especially Catholic Health Council
- emergency response of 400 000 Euro has been granted by Misereor – part of this goes to risk allowances for staff
- Misereor also is supporting its regular partners in rural development – these are strong in community education and are working on nutrition and food security
- a meeting is being held in Germany with Catholic agencies there to look at how to support partners in neighbouring countries to the heavily affected areas

Dr. Ivo Graziano, Order of Malta

- the Order works more in reconstruction and development
- sent an Ebola shipment with PPE to Liberia
- In Guinea, in one district, working on detection of leprosy and TB and include Ebola detection as well
- Fund-raising in France and Germany
- Looking for funds from international agencies to face future diseases and to improve health systems

Fra. Pascal, Brothers of St. John of God – Fatebenefratelli)

- this is a wonderful meeting because when we put our forces together
- their Brothers were affected in Liberia and Sierra Leone – and lost their own members + many collaborators
- trying to re-open hospitals in both countries – in Sierra Leone, they reopened once but then another infection of surgeon and the hospital was closed once again –

- the visibility of the Church is to assure the health and we are a “deposit” of health – we need to be able to respond to this terrible crisis
- we need to re-structure the hospitals and be sure to set up isolation units to screen patients
- in many places, people do not know where to get care or medicines – soon they will re-open one of their pharmacies in Sierra Leone
- also trying to furnish protective equipment and training for staff in neighbouring countries – “Ebola does not call before coming into Emergency Rooms – it comes directly into the hospitals

Comunità di Sant’ Egidio

- In Guinea, working in two HIV/AIDS programmes
- Trying to maintain the quality the treatment of HIV patients despite the outbreak of Ebola
- Furnishing their labs and trying to do research on suspected cases
- Community education by PLWHIV – this is a way to reinforce health structures as well
- Important contribution for the Church to assure health especially in places where Islam is strong – so this helps also to promote interreligious dialogue

Sr. Celestine, FMM (Franciscan Missionaries of Mary)

- from same congregation as that of Sr. Barbara in Liberia
- one of their Sisters has substituted Dr. Flanigan in Liberia ; she is a medical doctor
- the Sisters are working with parents and the children in the schools
- problem with salaries for teachers

Nicola Orsini – representative of AVSI in Sierra Leone

- work in partnership with Family Homes Movement, local organization in Sierra Leone
- have done much sensitization in local communities
- trying to cover the salaries of the teachers
- for orphans, one of their partner organizations responsible for family tracing and reunification
- opening a structure for the Ebola orphans near the capital of Sierra Leone, Freetown - reintegration of orphans is challenging
- also need to supply food especially during the government “lockdowns” – especially for street-children – this is very important.

Connor Kelly – Trocaire (Caritas Ireland) programme in Sierra Leone

- working in 4 districts on Ebola – working with 12 local partners and with Caritas Sierra Leone
- working on community education – trying to integrate gender messages in that work – supplying food to families and communities in quarantine

Dott.ssa Marcella Orsini – Foundation of Don Bosco in the World

- identification of and psychological help to orphans
- also working on prevention education
- working closely with the government

Programme of Giuseppini del Murialdo

- helping Catholic hospitals in Sierra Leone to reopen – working together with Camilliani and Fatebenfratelli

Caritas Italiana

- created a platform of coordination with other Catholic organizations and religious orders in Italy on the Church response to Ebola in the heavily-affected countries – conducted a Roundtable on 21 October + Press Conference

UK Embassy to the Holy See

- opening up 700 beds for Ebola Treatment in Sierra Leone – hope to have these up and running in the next few weeks
- need volunteer staff who are willing to work in these structures – doctors, nurses, lab technicians

Dr. Tim Flanigan - Reflections of his experience as a volunteer in Liberia

Various reactions to Ebola that he has observed:

FEAR – we are fearful by our humanness – Ebola brings this out – we need to respect and recognize this fear

Some people will not be able to work on this problem because of the fear – we have to respect that

It is safe to go to these countries – WHO gives good guidance – you could avoid physical contact – people go to Mass – the churches are more full now than before – this is not airborne

The fear is both personal and organizational – if I am a religious superior, I might be afraid that members of my religious “family” will become infected

Fear results in delay

FAST MOVEMENT

This epidemic moves fast – if you delay, we are not able to respond – the Church usually moves slowly, aid organizations move slowly. This is killing – permissions, permissions, permissions – it is too long for Ebola

If we want to respond to Ebola, we must move quicker

THE CHURCH IS SO WELL PLACED

- international non-governmental organizations – INGOs – are big – deal in millions of dollars and are strong, but they do not empower the local community because the local community is not so efficient –
- The Church works with the local community – it is so well placed – this is so important- the Church was there before Ebola, it will be there after Ebola – the communities need our help – it is in 1000 small initiative

We should do what we do well

- let governments start the Ebola units
- if you have a Catholic clinic, let it do its work well; the school teachers need to be trained well – strengthening our on-going structures and services as opposed to doing something new

Discussion on what we do next?

Michel Roy:

This is an opportunity to link more among each other as Catholic-inspired organizations and with the religious congregations and the Holy See

Fr. Marc Tyrant, Congregation of the Holy Spirit

- we have members in all the affected countries – our expertise is more on the non-medical response
- there is much fear – much of it is irrational – but on the point of view of people, fear is never irrational – they think deeply on what makes them afraid
- religious communities have members from coming from outside and also coming from within the local communities
- we need to develop fora where people could dialogue about what makes them fearful
- INGOs are calling for short-term response from volunteers – churches could help those volunteers integrate into the community and be aware of cultural aspects and to be accepted by people

Mrs. Joan Hackett

- will there be resistance to taking vaccine once it is developed?

Dr. Tim:

- the history of West Africa is replete with exploitation – thus there is much distrust
- but we could hope that vaccinations will be accepted

Dr. Ochel:

- still has concern about psychological trauma
- there are only 3 psychiatrists in the country - 2 working for the government only one doing treatment in the country
- we need to have volunteers in Ebola Treatment Units but soon they will have a great need for psychosocial counselling
- also we need a long-term commitment to help these countries to build up a strong social and health infrastructure network

Jan Weutz:

- problem of quarantine – struggling to think about this – we push people into unliveable conditions

Dr. Ochel:

- we need to make a difference between quarantine and isolation – media work on panic and favor closing borders

Dr. Tim:

- WHO gives good guidance – where there is no exposure – the Church

Msgr. Vitillo:

- Holy See is a signatory to the International Health Regulations – WHO is the policy-making body in this regard – can provide input into those policies and then we could make “isolation” as humane as possible, through the help and resources available through the parishes, but the Church is not the policy-maker for public health regulations

Fr. Gervas, Spiritan:

- Ebola has been present for many years – why this particularity in the current epidemic – spreading so far and so long

Tim:

- before the outbreaks were in rural areas
- now this outbreak has moved to areas with high population density; and close living conditions – thus more chance to spread

Tom Montgomery, US Embassy to the Holy See:

- USA Response - given \$258 million to confront the disease through various organizations; 4000 USA troops soon to be on the ground in Liberia – health professionals (\$1 billion cost); building 17 ETUs in the region; President said that this is an issue of national security – meaning human and government security – looking at every instrument of power; senior diplomat to lead the State Department efforts
- US government wants to engage with FBOs on those, particularly with Caritas; diplomacy is much more about how we can engage local actors, people on the ground, including FBOs, citizens being empowered to work at local level.
- How can US Government help people confront the epidemic?
- How can the US Government partner with the Church in this regard?

How can we move forward?

Cardinal Turkson:

- The Pontifical Council for Justice and Peace will put together a small team to develop an action plan and share it with Secretariat of State – so that it could lead to concrete action
- Propaganda Fide and Cor Unum also have considered a response – they are sending money to local hierarchy
- Turkson: we could go further – develop concrete intervention
- Health Workers Council also were present today; we can engage them as well in these endeavours.
- After this, we will refer this matter to the Holy Father

Tom Montgomery:

- Church can be involved in economic, information, and psychosocial activities

Fr. Aris

- we all are coming from different groups
- we always should develop and support the local people
- we need to keep showing our solidarity – people in the field want “warm bodies” coming from the Vatican
- the people themselves can prevent the spread of Ebola – mobilizing the community – they have the solutions - in one parish in Vincolo, they organized their own surveillance team and daily followed up to inform the government about people who were sick – we need to provide mobile communications from the people themselves

Lucia – Caritas Spain

- we know that much work is based on community mobilization – what about training with health workers in Spain and other countries?

Dr. Tim: more training is needed – but more training in-country is needed – care in ETUs is mostly “no touch” care – you need to be knowledgeable about the situation in the affected countries

Jan Weuts:

- issue of screening – the isolation is slow – but we have to keep open the other health care facilities open and responding to other health needs

Misereor:

- we cannot solve all these problems for those in the affected countries – local structures need to be strengthened and this is a long-term response.
- Whatever we do now, we should not only rush in with foreign volunteers – but we also need to take into account the long-term approach – pay attention to staying there after the end of this outbreak
- Best people to provide help might not be people from the outside – we need to identify the local people who know the situation and local culture

Fr. Aris (Camillian Fathers):

- Catholic Church in Sierra Leone is organized – has 300 Catholic Schools – they are closed

Neil Casey, CAFOD (Caritas England and Wales):

- we are talking about a health situation but also talking about a humanitarian crisis
- but equally we need to be responsive as needs change
- we may have to reassess every couple of months

Michel Roy – Summarizing Discussion:

- The importance of awareness – building, information, and training (e.g., Wurzburg MMI);
- More training in country – we need to support such initiatives
- How do we respond to the pastoral needs? – burials, trauma counseling
- Food – people not working, markets are closed – emergency need for food and other services
- Special focus on more vulnerable groups: recovered, orphans, aged
- Strong need to reinforce the health systems – whether of government or of the Church
- Need to show compassion and solidarity
- US and other governments expressed interest in supporting our efforts and in getting assistance
- Discrimination – should we not as Church say something about closing of borders
- Curia will work among dioceses; beyond the Curia, all of us here should go on working together with a working platform or group

Msgr. Vitillo attempted to summarize the recommendations offered during this session:

- *first of all, we heard that our solidarity is very much appreciated - that includes the appeals and statements of the Holy Father as well as our own respective solidarity visits and presence and our tangible responses through financial, material and technical support. We should express gratitude to the Holy Father for his encouragement of our efforts and offer some suggestions to him on how the Universal Church could maintain and strengthen its response – and to do this in an expeditious way*
- *exchange information and sharing of experiences and challenges – consider a working group or platform to be in continual communication in order to assure collaboration and to avoid duplication of efforts*
- *continuing input and guidance to WHO should be provided by our Church-inspired structures*

Cardinal Turkson offered concluding remarks:

- we will try to carry on this assignment
- the Holy See will work in recognition of what already is being done and bring any necessary new dimensions
- keep the platform open
- many people come to offer help – we need to accept the initiative of one agency to coordinate this – perhaps we could recognize Caritas Internationalis to continue this type of coordination – to take a “lead role”.

We will share the report and include a proposed Road Map – we have to go fast – since Ebola is moving fast – in that Road Map, you can react. We need a forum animator – Bob and Dr. Tim also could be involved.

Michel Roy thanked all for their contributions and input – including those present and all from the heavily affected countries and from other parts of the world who joined us by virtual communications – we have come together as Church.

Fr. Aris offered a concluding prayer.

Appendix 1:

**Caritas Internationalis Briefing on Ebola
Palazzo San Calisto, Rome
04 November 2014**

List of Participants and Other Interested Persons – updated 10 November 2014

Name	Organization	
His Eminence Cardinal Peter Turkson	President, Pontifical Council for Justice and Peace	p.turkson@justpeace.va
Michel Roy	Secretary General, Caritas Internationalis	roy@caritas.va
Fr. Pierre Cibambo	Ecclesiastical Assistant, Caritas Internationalis	cibambo@caritas.va
Mons. Osvaldo Neves	Secretariat of State	osvaldonevesdealmeida@gmail.com
Mons. Roberto Lucchini	Secretariat of State	r.lucchini@sds.va
Mons. Jean-Marie Mupendawatu	Secretary, Pontifical Council for Health Pastoral Care	segreteria@hlthwork.va
Fr. Michael Czerny, SJ	Office of the President Pontifical Council for Justice & Peace	m.czerny@justpeace.va
Roberto Paglialongo	Pontifical Council Cor Unum	r.paglialonga@gmail.com , segreteria@corunum.va
H.E. Kenneth F. Hackett	Ambassador of the United States of America to the Holy See	HackettKF@state.gov
Mr. Thomas Montgomery	Embassy of the United States of America to the Holy See	montgomeryTRA@state.gov
Mr. Stephen Townsend	Her Majesty's Embassy (UK) to the Holy See	stephen.townsend@fco.gov.uk
Mr. François-Xavier Tilliette	Minister-Counsellor Embassy of Francis to the Holy See	francois-xavier.tilliette@diplomatie.gouv.fr
Dr. Ivo Graziani	Sovereign Order of Malta	c.dodi@orderofmalta.int i.graziani@orderofmalta.int
Dr. Timothy Flanigan	Brown University Medical School	TFlanigan@Lifespan.org
Jan Weuts	Caritas Belgium	j.weuts@caritasint.be
Neil Casey	CAFOD	
Karl Eisenhardt	Caritas Austria	karl.eisenhardt@caritas-austria.at

Lucía Lois Méndez de Vigo	Caritas Española	llmendez.ssgg@caritas.es
Moira Monacelli	Caritas Italiana	moiramonacelli@yahoo.it
Irene Broz	Caritas Luxembourg	broz@caritas.va
Connor Kelly	Trocaire	ckelly@trocaire.ie
Maria Gonzalez Dyne	Manos Unidas	
Jacques Dinan	Caritas Africa	coord@caritas-africa.org
TBD	DCV – Caritas Germany	
Sebastien Dechamps	Secours Catholique – Caritas France	sebastien.dechamps@secours-catholique.org
TBD	Caritas Australia	
TBD	CORDAID	
Michel Roy	Caritas Internationalis Secretary General	roy@caritas.va
Fr. Pierre Cibambo	Ecclesiastical Assistant and Liaison Officer for Africa, Caritas Internationalis	cibambo@caritas.va
Albert De Haan	Caritas Internationalis	dehaan@caritas.va
Mons. Robert Vitillo	Caritas Internationalis	bobvitillo@cs.com
Alessandra Arcidiacono	Caritas Internationalis	arcidiacono@caritas.va
Laura Sheahen	Caritas Internationalis	sheahen@caritas.va
Dr. Timothy Flanigan MD	Brown University USA	tflanigan@lifespan.org
Dorothee Klüppel	Misereor	Dorothee.klueppel@misereor.de
Dr. Klemens Ochel, MD	Medical Mission Institute, Würzburg	klemens.ochel@medmissio.de
Cristina Cannelli	Comunità Sant'Egidio	
Dr. Gianni Guidotti	Comunità Sant'Egidio	gianniguiddotti1@gmail.com
Fr. Aristelo Miranda, MI	Ministers of the Infirm – Camillian Fathers	arismir@gmail.com
Fr. Prakash Antohny Lohale, OP	Order of Preachers - Dominicans	prakashop@gmail.com
Nicola Orsini	Fondazione AVSI	Nicola.orsini@avsi.org
Libero Buzzi	Fondazione AVSI	sheahen@caritas.va
Sr. Carmen Mora Sena HSCA	President, International Union of Superiors General	Carmen.morasena@la-voix.net

Fra Dr. Pascal Ahodegnon	Congregation St. John of God (Fatebenefratelli)	frapascal@ohsjd.org
Don Tullio Locatelli	Padri Giuseppini di Murialdo	tulliolocatelli@gmail.com
Fr. Daisuke Narui	Society of the Divine Word	jpic@svdcuria.org
Sr. Celestine Lamb, FMM	Franciscan Missionaries of Mary	celestinelambo@gmail.com
Br. Marc Tyrant	Congregation of the Holy Spirit	cssp3asg@yahoo.it
Fr. Gervais Tarataro	Congregation of the Holy Spirit	cssp3asg@yahoo.it
Dr. Marco Simonelli	Istituto Superiore della Sanità, Rome, Italy	marcosimonelli68@gmail.com
D.ssa Marcella Orsini	Salesiani Don Bosco	morsini@solb.org
Dr Attilio Ascani	FOCSIV	direttore@focsiv.it
Fra. Jaime Buitrago	Pont. Consiglio per gli Operatori Sanitari	collaboratore2@hlthwork.va
Fr. Matthieu Loua	Director, Caritas Guinea	matthieuloua@yahoo.fr
Mr. Roberto Paglialonga	COR UNUM	segreteria@corunum.va , r.paglialonga@gmail.com
John Edward Bull	Caritas Sierra Leone	Bull.edward.john@gmail.com
Dr Massimo Angeli	ENGIM ONG	ufficio.ong@engim.it
Fr. Patrick Kabba	Director, Caritas Liberia	pamustakaba@yahoo.com
Sr. Barbara Brilliant, FMM	Coordinator, Catholic Health Council of Liberia	smpchs@yahoo.com
Mr. François-Xavier TILLETTE	Minister-Counsellor	francois-xavier.tilliette@diplomatie.gouv.fr

Appendix 2:



Lord God, we entrust to You the people affected by Ebola, the families, communities, cities and villages.

We pray especially for the health care workers, that You guide and protect them.

We pray that Your Spirit inspire those researching and seeking for the drugs, medicines and healthcare systems that respond to the suffering of the people.

And in the midst of this, keep us strong in faith, hope and love.

Let the words of Your Son Jesus Christ, in the Our Father, be our prayer as we entrust ourselves and those affected by Ebola to your infinite and inscrutable power and love. Amen.

Photo: This young girl received a kit of hygiene supplies from Caritas to prevent the spread of Ebola. Credit: Caritas Guinea