

USA Diary #04

Sierra Leone: Up Close and Personal

December 10, 2014

Dear friends and family,

Were it not for Ebola, Sierra Leone would seem like a tourist destination waiting to happen. It has white pristine beaches, beautiful coastal mountains, a lush interior and warm, friendly people. When my colleague and I were there last week,



With Ebola, you get the disease from the people you love the most.

Dr. Thomas Mark Turay,
Member of Parliament

everyone greeted us with open smiles and offers of hospitality.

Sierra Leoneans also practice a degree of inter-religious tolerance (with Christians and Muslims often living in the same family) that has a lot to teach the rest of the world.

But tourism feels like a million years away.

Beginning with an outbreak the in Republic of Guinea one year ago, Ebola has infected over 16,000 people and killed more than 7000 of them in Guinea, Liberia

and Sierra Leone. Although infection rates are currently decreasing in its neighboring countries, Sierra Leone's toll continues to rise. Last week Sierra Leone reported almost 100 new cases in a single day, nearly double just 10 days before – and those are just the confirmed cases, which health experts say may be a third of the total. (NYT, 12/8/14). Moreover, this disease is destroying the entire social fabric

of these countries and affecting

all aspects of peoples' lives. Many have lost family members, freedom of movement, livelihood opportunities and access to basic resources.

The Ebola outbreak is worse than our Civil War. In those days you could hide from the enemy, but not now. Ebola finds you wherever you are.

Justina Conteh, St George's Interim Care Center



Freetown, top left. Road block restricting traffic, lower left. Typical hand-washing station outside an office building – right.



My employer – Catholic Relief Services (CRS) – asked us to conduct a rapid assessment on how the Ebola outbreak is affecting children in Sierra Leone, to be used for future programming purposes. (To be clear, I took this on voluntarily.) CRS already plays a significant role in the country’s development, mostly working on agricultural development, emergency food and malaria prevention – and we have recently joined a three-partner coalition to ensure “safe and dignified burials.” This is one of the most amazing stories I have ever witnessed, so I’ll start with a brief overview of the situation, then tell you that story, and finally share a bit from our assessment.



EVERYDAY LIFE

Despite news reports of a “country under lockdown,” the streets in Sierra Leone are full of people who try to go about their daily lives as much as possible. When you look a little closer, however, it becomes clear that much of this is aimless wandering. All schools and many businesses are closed and traveling between towns is restricted, which has hurt most markets. Health care is virtually unavailable except for Ebola – meaning among other things, that all routine immunizations have stopped. Most gatherings of more than 4-5 people are prohibited in order to control infections, although the government wouldn’t go so far as to halt worship in the churches and mosques.

Along the roads you can see rows of huge posters extolling basic information about how to prevent disease, and what number to call (toll-free) to report a suspected case. (Many people hold back from calling, however, wanting to



*Top: two of the many posters you see just about everywhere.
Bottom: Street scene, Freetown. Home under quarantine, with residents just behind the barrier.*

avoid the quarantining of their home and hoping that the sick person just has malaria or a bad flu.)



Ebola is not just a health emergency. It is a tragedy that has swept away fragile new roots for a new society, put down after the decade of civil war.

Before entering almost any office building or public facility in Sierra Leone you must now submit to having your temperature taken and then you must wash your hands in chlorine-infused water. Impromptu roadblocks require the same. The most times I had my temperature taken in a single day was six. (Had I showed any signs of fever, I would have been whisked away for observation and an Ebola test.)

Ebola is a rare disease that spreads only when you touch someone who is already

infected, or if you come into direct contact with that person's bodily fluids, even the residue on clothing or other personal items. That makes caring for the dead a particularly virulent vector for transmission. Of course,

we were careful not to touch anyone while we were in country, using Namaste-like greetings instead of the usual handshakes and traditional African embrace. (Safety is CRS's main concern, and was ours too.)

Avoiding touch is not so easy if you live permanently in Sierra Leone, however, as several children usually share one bed-mat and the houses are very small. One person observed, "Ebola has robbed us of our African culture – of our warm greetings, communal meals, celebrations, and the practices with which we mourn our dead."

Ebola is worse than the war because during the war you could see your enemy.

Mary Hawa Turay, Centre for Development and Peace Education



Top: Standing on line to get one's temperature taken, along the roadside. Bottom – Ebola Treatment Center, recently opened. Patients can be seen behind barriers.



SAFE AND DIGNIFIED BURIALS

In many ways, death and burial practices have been the hardest hit. Local tradition calls for a lot of touching and ritual washing of the dead body, none of which is currently allowed. (Of course, this still happens – often deep at night when no one else can see. Yet reportedly, these transgressions are diminishing.)

Given the country's emergency situation, all deaths are treated presumptuously as Ebola-related. At the onset of the outbreak some months ago, designated burial teams donned hazmat suits (if and when they had them) and came inside the house to hastily remove the body with scarcely a word to the family members. As you can imagine, this led to many complaints and augmented the practice of secret middle-of-the-night rituals. Burial teams are government employees and many of them felt frightened, unappreciated for their hard work, and unduly exposed to the virus. Various strikes erupted and everyone involved felt overwhelmed.

That's when the government approached three faith-based NGOs -- World Vision, CRS, and CAFOD –and asked us for help. Now, with funding from Britain, a safe and dignified process has been introduced countrywide, for example by allowing the family the opportunity to pray and have someone they know accompany their loved one to the cemetery. Burial team members initially introduce themselves to the family to offer condolences without hazmat suits, and then carefully put them on afterwards, prior to removing the body. Christians are given the option of a simple coffin and Muslims a burial shroud, as their respective traditions require.

Managing the burials, Bombali District



New cemeteries have been constructed. Here mass body-dumping has been replaced by individual plots and proper grave markers, so relatives can return to the cemetery in the future to pay their respects. At the start and end of their day, burial team members receive a free breakfast and dinner at their respective Ebola Command Center (one for each district), where they can socialize, review proper safety procedures, and address problems that arise. A central data-bank with detailed mapping keeps track of reported deaths and how long it takes to bury them. Since the new procedures were introduced, complaints have dropped to near-zero and not a single burial team member has become infected.

This transformation has been truly amazing and just about everyone we met in Sierra Leone talked about it. But now the government is asking us to plan ahead. “When we overcome the outbreak,” the National Ebola Coordinator told me, “Our recovery will still be long and hard.”



WHAT TO DO FOR THE CHILDREN

Children are always among the most vulnerable in a crisis such as this. Virtually all families have lost income, all organized sports have stopped, and schools have been closed since the start of summer. (The government introduced radio-based lessons but it's doubtful many children pay attention, either because they don't have a radio at home or because these lessons – essentially someone reading from a textbook – are simply too boring.) An aura of sickness and death surrounds every household, even if its occupants have not been directly affected.

Children can't always understand what is happening to them and why, as in the Observation “Holding Center” that we visited in Port Loko. Here about 40 adults and children share a single large room (none of them symptomatic, but still under quarantine). When we visited (standing apart by about six feet), there were no staff present, no toys or other diversions, and the patients told us that in the last week their food rations had been cut by half. (We met with the hospital director immediately after hearing this, and asked him to investigate.)

Left: Brother Lothar talking young street boy who initially said he came from Hastings Hospital (Treatment Center) 4 days ago, but then changed his story. We checked his temperature (“normal”) and then offered him the chance to go to a shelter, but refused. Right: Street boy at night



Standing apart to avoid touch, Lucy is entertaining the patients at the Port Loco Observation Interim Care Center (where persons who have been exposed to Ebola are being observed for 21 days – but so far, none of these people have shown symptoms of infection).

Where Ebola has struck directly, however, more girls and women have gotten sick than boys and men because females are the traditional caregivers of family members who fall ill. About half the people who get sick from Ebola now survive (early treatment is key), although everyone who is exposed must go through a 21-day quarantined observation period to ensure they are disease-free.

For the 5,000 or so children who have already been orphaned, however, there have been multiple losses – an almost endless stream of shocks. We were told that 80% who lost one parent to Ebola also lost both. In most cases they also had to leave their homes and everything in it, as soft items are generally burned after an infection has been discovered (to ensure that no bodily residues remain) and larger items are fumigated and/or taken over by relatives. Stigma is rampant and brings back memories of the AIDS pandemic, though it remains to be seen how this will change over time.

With schools already closed for eight months, one wonders how many children will ever return – not just those who are Ebola-affected.

David Yambusu, Christian Brothers

The biggest question is, What should happen next? How can the country transition from “emergency response” to “longer term recovery?” As professionals, we are very worried about



creeping orphanages— meaning that without proper efforts to the contrary, various interim care centers will morph into long-term residences, thus cutting off family life forever. For example, at the St George’s Interim Care Center outside Freetown, children are supposed to be reintegrated into their extended families as quickly as possible, ideally within 48 hours. But of 45 children who moved into St. George’s beginning two months ago, only two have so far moved out.



Sometimes simply finding relatives who will accept the children has been the hardest part, especially at the beginning of this outbreak before good records were kept. While we definitely heard of some success stories, we met one toddler in an Interim Care Center who had been there for two months because no one could figure out where he had come from.

The other challenge is, how long and how successful will these family re-integrations

be? Violence against children and child exploitation are huge problems that preceded this outbreak, and the concern (and already some evidence) is that these will get worse. While Africa is renowned for its custom of taking in their relatives’ children, Sierra Leone is a desperately poor country, and now

In Sierra Leone there are a huge amount of people, including relatives -- but also non relatives such as survivors -- who are stepping in against all odds to care for children who have lost parents or who need a safe environment while under quarantine and while family tracing and reintegration is underway.

Florence Martin, Better Care Network



the hardships have compounded themselves. Families who absorb additional children need extra help.

In the village of Tikonko we visited the home of James Umaru, who said that first his elder brother’s family got hit by the virus, leaving two surviving daughters and he took in both of them. But a few weeks later, his younger brother

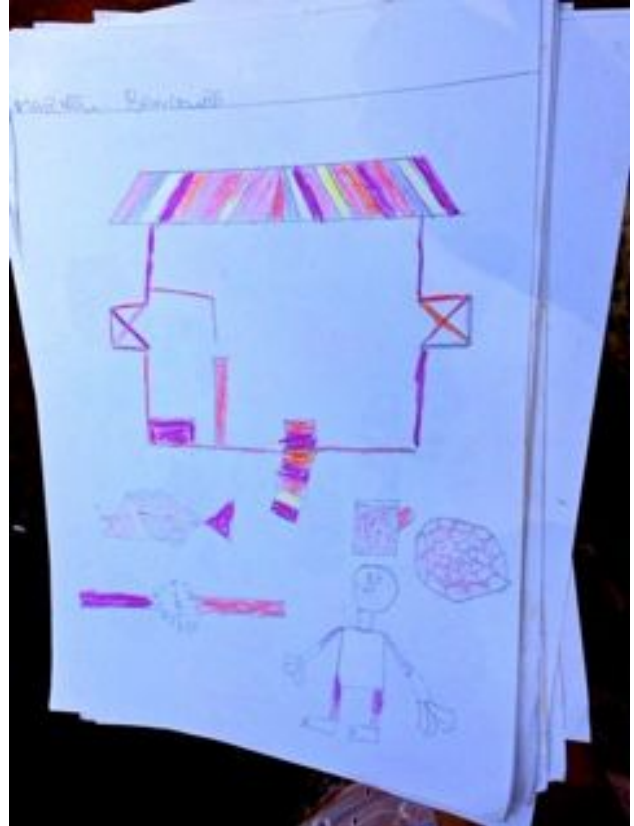
Orphaned children, awaiting family tracing and reintegration. Some of the children are also survivors themselves.

died and the same thing happened, so he had to add three more children. This man's family size more than doubled in less than a month. "I got a start-up package (from WHO and UNICEF) but that food is long gone," he said. "They sent only one mattress and we are all crowded together. And (when the schools open) what will I do to pay the school fees?"

In many ways, the children who moved in with James and his family are the lucky ones. Many other families are also doing their best to absorb their relatives, but it is hard. But we also heard reports of orphans who were taken to live with relatives, but their relatives rejected them. (Sometimes, it seems that the relatives first accept the WHO/UNICEF start-up package, and tell the children to leave afterwards). Two people explained that that girl-children are more likely to be sent away because of the fear that they will be "too tempting" to an older male relative living in the house.

Even when girls are taken in, they may have to work as domestic servants or enter a forced marriage. Boys generally have more status in the society, but they might be relegated to under-age labor or serve as "trade runners" – sneaking around the roadblocks to move products from one village to the next. Some relatives have said that they are simply too poor to offer anything better. Or else they are too scared.

It is no wonder that we were told about many orphaned children have already run away from their relatives' homes and end up on the street. They may be escaping abuse, stigma, or simply craving their old neighborhood and friends. We met an older brother and sister who were the only ones to survive Ebola in their family, and couldn't yet find any place to live. We spent part of one night with Brother Lothar of Don Bosco Fambul, who has dedicated his life to helping street-children. In the course of two hours walking



The child's picture above suggests his home after all the belongings were removed and burned to avoid contamination – and there is just one person left, who looks very unhappy

through Freetown's oldest neighborhood, we saw hundreds of them. Most of the street-children we met pre-date Ebola, but now their numbers are increasing. "There are so many out there and it will only get worse," lamented Brother Lothar. "The streets are dangerous, especially for the girls (who almost inevitably have to enter prostitution rings in order to survive)... I just thank God every day that I am not a girl living on the streets of Sierra Leone."



The home of James Umaru, with his recently enlarged family, Tikonko Village, Bo District

FINDING HOPE

It wasn't easy finding hope, but there are definitely good things going on, as well. For one thing, we met some extraordinary people – local people and foreigners, alike. Survivors of Ebola, in particular, constitute a critically important human resource as they are considered immune to any further infections. Hence, they are being hired to staff the treatment centers and assist others who are thought to possibly have the disease. One survivor told a New York Times reporter I met, "This is difficult to say, but in some ways my life is better now, after Ebola. I have gotten a good job (in a treatment center) and I feel I am helping people."

Also, with the current state of emergency, many key actors have learned how to work together. With this foundation, data systems, child-welfare and logistics have grown stronger. It is our hope that this experience will pave the way for deeper, systemic change in the future. Our own recommendations – drawn from over 25 interviews and nine site visits – include a call for strengthening the process of family reintegration with micro-enterprise assistance to the absorbing family (that is, to raise their standard of living), as well as lots of follow-up visits for additional care and support. Local chiefs and local child welfare committees should be trained as watchdogs to safeguard the best interest of children in their communities. To address the trauma that Ebola-affected children have faced, we propose specialized programs, recreational games and life-skills training through local Kids’ Clubs. As we see it, most of these programs wouldn’t be implemented by CRS directly, but through local partners, churches and mosques. While we are not the decision-makers on any of this, I am optimistic that sufficient funding can be found for at least some of what we propose, and that will be a good start. I don’t know if I’ll get to go back to Sierra Leone to help work on the implementation, but if it’s short-term I certainly wouldn’t mind.

Wishing you all a happy and healthy holiday season, with best wishes for 2015,
Yours truly, Lucy



P.S. I returned to the USA via Kennedy airport where I was briefly examined and then given a digital thermometer, two brochures about the signs and symptoms of Ebola Viral Disease, several forms, and a phone number at the State of Maryland Department of Health. I have to call in every day for three weeks to report my temperature and tell my “coach” how I feel. At any time, someone from the Health Department could ask to check me directly, but that seems unlikely. I must report out-of-state travel in advance, but otherwise there are no restrictions. This is a reasonable approach, and very appropriate...

Left above: Lucy with staff at the St. George's Interim Care Center for children awaiting Family Tracing and Reintegration. Right: At Pickin Paddy Interim Care Center, Dr Ole checks the temperature of a child-survivor of Ebola (therefore, no longer infectious) who is now suffering from Malaria.