

Written Statement of  
**Dr. Carolyn Y. Woo**  
**President, Catholic Relief Services**

**To the Senate Appropriations Committee**  
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**U.S. Government Response: Fighting Ebola and Protecting America**

*“I pray for the repose of the souls of all who have died in this epidemic, among whom are priests, men and women religious and healthcare workers who contracted this terrible disease while caring for those suffering,[...]May God strengthen all healthcare workers there and bring an end to this tragedy!”*

- *Pope Francis*

Chairwoman Mikulski, Ranking Member Shelby, we thank you for convening this important hearing to address the United States’ response to the unprecedented Ebola outbreak occurring in West Africa. We appreciate this opportunity to share with you Catholic Relief Services’ (CRS) perspective on the epidemic and provide recommendations on the response for the United States government and the international community. We join Pope Francis in his prayer.

**BACKGROUND**

CRS’ response and recovery programs have been able to effectively capitalize on CRS’ extensive experience in assisting people affected by natural and man-made disasters throughout the world. Specifically in West Africa, CRS has been working for 87 years (51 years in Sierra Leone, 24 years in Liberia and 12 years in Guinea) through the Caritas network as well as other local partners. CRS also has extensive ongoing programming in these three countries, including Global Fund Malaria grants in Sierra Leone and Guinea, a US Department of Agriculture (USDA) Food for Education project in Sierra Leone, and the Gavi Alliance immunization project in all three countries. In addition to committing over \$1.5 million of our own private resources, CRS has been able to leverage those existing program to more rapidly and effectively respond to the epidemic. CRS appreciates the generous support of USAID and CDC for our response. To date, CRS has been awarded \$5 million from the US government, and we are in discussions to potentially double that amount in the coming months.

Currently, inadequate qualified human resources and quantities of personal protective equipment (PPE) have constrained effective and safe case management of the Ebola outbreak. In addition, those who have come in contact with the disease are not routinely seeking care due to isolation procedures which are unfamiliar to communities, low trust in health services, and perceived poor quality of care at treatment centers, helping to propagate the virus at an alarming rate.

Stopping Ebola transmission requires people to understand what puts them at risk and take action to protect themselves, strong case management (prompt identification, isolation, and treatment of those who are infected), contact tracing (identification, isolation, and surveillance of people who have been in contact with infected people) and safe and dignified handling of the bodies of those who have died. The World Health Organization expects transmission to continue for nine more

months even with containment efforts. Though primarily a health emergency, the Ebola outbreak is impacting many aspects of people's lives.

**Health.** Ebola's health impacts are broader than the number of people infected by the disease. Before the Ebola crisis, the health systems in Guinea, Liberia and Sierra Leone suffered from inadequate personnel, provided low quality services, and generated poor public confidence and poor health outcomes. Ebola has exacerbated these issues. As of October 31<sup>st</sup>, 269 health care workers have died, reducing the already inadequate workforce.<sup>1</sup> In Liberia, 62% of facilities closed because they were unable to protect their staff from Ebola.<sup>2</sup> A CRS-supported study in Sierra Leone found that 40% of children whose immunizations were not up-to-date had missed an immunization due to the outbreak.<sup>3</sup> Ebola survivors face stigma that can negatively affect their physical or psychosocial wellbeing.

**Livelihoods and Food Security.** Vulnerable families in affected communities have been weakened by the loss of productive members, and are also coping with an influx of orphans. There are indications that movement restrictions, market disruptions, and fears related to Ebola may adversely affect agriculture; including price increases, limited produce in the market, and lack of income from cross border trade with Mali and Senegal. Production is expected to be lower than usual, leading to an earlier and more pronounced lean season and the use of negative coping strategies such as eating seed; FEWSNET predicts a "stressed" situation in heavily affected areas of Sierra Leone and Liberia.

**Education.** In Guinea, Liberia, Sierra Leone schools are closed indefinitely, with potential far-reaching negative implications for children. Now out-of-school children are losing valuable education time and may be at increased risk for child labor and early marriage. Universities and technical training institutions are also closed, which will make it difficult for countries to replace their skilled labor force (particularly health care workers).

**Social Systems.** Public gatherings have been prohibited in Liberia and Sierra Leone, with potential negative impact on community cultural ties and solidarity. While worship services are continuing, weddings have become low key and there is fear of handling corpses in some communities. Economic hardship and food insecurity may cause social upheaval and rioting.

## **OUR RESPONSE**

Through a phased approach, CRS will help to meet immediate needs, and support families, communities and systems to recover and rebuild over the long term.

**Health (Prevention, Routine Care, and Psychosocial Support):** CRS is leveraging our strong existing health portfolio in the region, including Global Fund malaria programming in Sierra Leone and Guinea, our Gavi partners and our strong networks of local partners in all three countries (community and facility). Our efforts focus on behavior change to prevent transmission, community early alert systems, safe and dignified burials (esp. in Sierra Leone), ensuring routine care remains available and meeting the psychosocial needs of affected children, families and communities.

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<sup>1</sup> WHO: Ebola Response Roadmap Situation Report 31 October 2014.

<sup>2</sup> Groupe Régional Santé. CR Nr 9 du 2 Octobre 2014

***Specific Health Activities include:***

- Supporting infection control training and providing ongoing quality assurance to healthcare staff at facilities in Liberia and Guinea so they can continue to offer routine care
- Setting up and supporting operation of Community Care Centers to quickly triage and isolate possible Ebola patients
- Using mass media tools including radio and SMS to promote awareness and increase knowledge
- Managing burial teams and collaborating with religious and traditional leaders to ensure access to and acceptance of safe and dignified burials
- Training religious leaders and community volunteers to raise awareness and promote behavior change
- Providing hygiene kits to vulnerable populations
- Working to reduce stigma and providing psychosocial support to Ebola-affected children, families and communities
- Supporting neighboring countries at high-risk for Ebola with awareness and education materials

***Food Security/Livelihoods:*** CRS is building on strong agency capacity in food security and livelihoods programming to help affected households cope with and recover from loss of productive labor, reduced purchasing power, reduced manpower for harvesting, movement restrictions, and prices increases associated with Ebola. CRS will use market-based approaches where possible. Given high levels of malnutrition in affected communities before the crisis, food security and livelihood activities seek to maximize positive nutritional impacts. During Phase I, CRS is addressing immediate food security needs of vulnerable Ebola-affected families and monitoring food security status and seed security systems of households in Ebola-affected areas.

***Specific Food Security/Livelihoods Activities Include:***

- Distributing of food to vulnerable households, including over 140,000 people in Guinea (“contacts”, discharged patients, and vulnerable communities)
- Monitoring food security in all 3 affected countries and conducting needs assessments to support scale up as needed to support the planning of food security interventions

**POLICY RECOMMENDATIONS FOR THE US GOVERNMENT**

**CRS urges increased and sustained attention to the epidemic from international actors. To strengthen and expand the response to the Ebola outbreak, the US Government should:**

1. **Robustly fund** the management capacity, logistics, trained personnel and supply levels for Ebola Community Care Centers, Ebola Treatment Units and health structures providing routine health care to overcome the grave consequences of the epidemic. The Administration has developed an emergency funding request to supplement US funding for the Ebola response. While we have not reviewed all of the specifics of their proposal, we support the need for additional resources to address the emergency and the longer term impact of the response.

2. **Resolve the deeper problem of the severe lack of capacity and resilience in the overall health systems in the countries affected.** As the current health care systems struggle to keep pace with the Ebola epidemic, but progress to date for access to routine services for treatable diseases like malaria, TB or pneumonia are at risk. Even after the Ebola outbreak has been contained, international donors will need to reinforce, if not rebuild, health systems to prevent another outbreak.
3. **Rapidly address the needs of vulnerable children who have lost their main caregiver or, in some case, their entire family to Ebola.** More support is needed for child orphans and survivors who face problems of trauma and stigma and lack a safe and caring environment during and post recovery and quarantine. A preference should be given to community based care as opposed to institutional care.
4. **Support robust public education and awareness programs to halt the spread of the virus.** Fear of the disease and distrust of government health services have complicated efforts to contain the epidemic, attesting to the urgent need for more and better information and education programs that will counter rumors and disinformation, reduce stigma, and rebuild the trust that people have in their health facilities and their governments.
5. **Address the growing concerns about the humanitarian and longer-term impacts of the outbreak.** Food shortages can be expected due to quarantines, market disruptions, border closures, and reduced trade. Many of the poorest people are now facing difficulties feeding their families. Quarantines prevent people from easily accessing food, many families have lost their main breadwinners to the disease and prices of staple foods have risen dramatically in some places.
6. **Oppose or lift travel restrictions including air, sea and land routes.** Like all organizations involved in the response to Ebola, CRS faces serious challenges deploying enough staff to meet the enormity of the crisis. The shortage of flights to affected countries is already a constraint to ramping up the response. Ensuring that people can return home to their families is a necessary precursor for even the most committed staff to take on a difficult assignment in West Africa. Uncertainty about potential travel bans, and conflicting quarantine rules have already caused staff we need on the ground to wonder if they can accept these assignments. Of course, fewer flights and more travel restrictions serve to limit trade and normal commerce, weakening these already struggling economies.
7. **Include faith-based organizations as vital partners in strategy development and program implementation.** Faith-based organizations are the elders, teachers, leaders and authority figures of the community. Any health interventions that require behavioral and social changes are more likely to be embraced with the endorsement and support of faith leaders. As trusted overseers of the community's welfare, these individuals can help their communities connect new practices with religious teachings thus legitimizing, teaching about and diffusing distrust of otherwise unfamiliar responders.