

## **“Fighting Ebola: A Ground-Level View”**

Testimony by  
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and International Organizations  
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Chairman Smith, Ranking Member Bass, members of the committee, thank you for the opportunity to testify before you today on ways we are working to stop the epidemic of Ebola in West Africa.

My name is Brett Sedgewick and I work as Technical Advisor to the Ebola Taskforce at Global Communities. From 2010 to 2011 I worked for Global Communities as the Liberia Country Director. I returned to the United States 10 days ago, after spending three weeks in Liberia, helping to lead our response against Ebola on the ground.

Global Communities has partnered with communities in Liberia since 2004, immediately after the end of the Liberian civil war. We began by working to bring communities together through peacebuilding and reconciliation. In the decade since, we have invested in the counties of Lofa, Bong, and Nimba, as well as Monrovia, building strong partnerships with the traditional leaders of these counties and with government entities at the national and county levels. In 2010, we began to implement the five-year, USAID-funded Improved Water, Sanitation and Hygiene program (IWSH) that focuses on the Community Led Total Sanitation methodology. We worked closely with the Ministry of Health and Social Welfare to empower communities to improve their overall health primarily through better hygiene practices, buttressed by improved water supply systems and sanitation facilities.

Global Communities began combating the spread of Ebola in April by providing community education, protective equipment and hygiene materials to communities through our existing program with USAID. This summer, as the Ebola outbreak spread, we partnered with USAID's Office of Foreign Disaster Assistance (OFDA) to further leverage our community and government partnerships in order to combat the spread of the disease. Our activities aim to combat infection through community engagement and education, safe burial and body management, contact tracing, and ambulance services. While my esteemed co-witnesses here are working to save those who are ill, we are complementing these efforts by focusing on saving those who are well from being infected by those we have lost.

Throughout the epidemic, Liberia has been the hardest hit of the affected countries, and the scale of disaster has been overwhelming. Beyond the immediate health effects, we are seeing second-tier effects of the outbreak: economic downturn, food insecurity, unemployment, a huge number

of orphans and child head of households, and potential instability. All this in a country that was already among the least developed nations in the world, but was facing its challenges and overcoming them. We must make every effort to stop both the disease and the deleterious effects it is leaving behind in its wake.

Due to the nature of how Ebola is transmitted, at Global Communities we have focused our immediate and greatest efforts on safe burial and body management. Ebola is spread through bodily fluids that increase in their level of contagion as the virus multiplies throughout the body and the patient becomes increasingly ill. Those most at risk for contracting the virus are those caring for the sick, and those handling the dead. As the viral load is the typically highest at the moment of death, a person who has recently passed away is extremely contagious. In the case of Liberia, it is customary for the family of the deceased to say goodbye through traditions that involve touching and washing of the body. This is one of the primary ways that Ebola gained so strong a foothold in Liberia, particularly in Monrovia where the high population density reinforced the rapid spread. The CDC estimates that before safe burial practices began to be implemented, up to 70 percent of cases were originating from contact with the deceased. Consequently, safe body management is of the highest priority in stopping the spread of Ebola.

Through our partnership with USAID OFDA, which is to be commended for the speed and skill with which it is responding, Global Communities is currently supporting 47 burial teams and 32 disinfection teams active throughout all 15 counties of Liberia. This approach is complemented by community education and engagement which enables every aspect of safe body management to be based on community feedback. Global Communities provides training, vehicles, logistical support, and equipment to the burial teams. This would not be possible without very close partnership with the Liberian Ministry of Health and Social Welfare (MoHSW). It was our existing relationship with this ministry that enabled us to scale up our work so quickly. The networks, resources, and trust needed to successfully engage in safe body management and community engagement were already in place. This partnership also ensures that the face of the response is Liberian, that we learn from what works and what does not, and that the capacity of the Ministry is being strengthened as it responds to the needs of the crisis. It is a common misconception that the MoHSW has been devastated by this crisis. While clinical infrastructure certainly has been severely damaged, other parts of the Ministry, such as the Environmental Health Technicians, have been trained and empowered.

Most importantly, the MoHSW employs the personnel that make up the burial teams. A burial team consists of a team lead, usually a county-level environmental health technician, two drivers, four carriers, and two chlorine sprayers. Once the county health team receives a call that a body has been identified, the team mobilizes and travels to the body, often in remote areas that require complicated logistics to access. Once in position, every member of the team dons personal protective equipment according to CDC and WHO guidelines. The team then approaches the body which is heavily sprayed with chlorine along with the surrounding area and materials. The body is sealed in a body bag and then transported to the gravesite. Once the body is in the grave, the team carefully removes all protective equipment and places it into the grave to be buried along with the body. The grave is filled in, sprayed again, and then each team member is sprayed and decontaminated as is the vehicle.

The work is hard, backbreaking and often heartbreaking. I have accompanied burial teams and seen the incredible professionalism and care with which they operate. The team members work while covered in impermeable materials in very high temperatures, often hiking through thick jungle, taking boats or assembling make-shift bridges over bodies of water. They enter communities stricken with grief and fear and carry out an incredibly sensitive task. These men and women are heroes of this crisis that deserve our recognition and gratitude for assuming great personal risk in order to stop this epidemic. While risky, however, burial and body management can be done safely when done correctly. To date, not one of our team members has contracted the virus. That is more than 500 people safely engaged in an extremely dangerous profession. Ebola can be managed and controlled.

However, burial team and body management is not without its challenges. In Liberia, the Ebola virus is shrouded in stigma and many families resist identifying their dead as having the virus. They fear they will not have the chance to mourn their loved one and that they themselves will be stigmatized and ostracized. This is why the work of safe burial goes hand in hand with community education and engagement. Education about the virus reduces fear and stigma, and engagement and relationship building increase trust, respect, and cultural sensitivity. Our burial teams approach communities with a mindset of engagement and partnership. Burials are done safely, but allow family and friends to participate as much as possible. While not all burial rites are safe, many are, and allowing communities to respectfully say goodbye to their loved ones ensures that they will invite us in the next time someone passes.

The response also requires a huge amount of flexibility and adaptation. Our activities have been customized by county based on what we've experienced on the ground. We have had to create new types of teams on the fly, like walking teams and canoe teams, which are able to reach some of the most remote communities in the world.

Another challenge we have encountered is opposition to cremation. In Montserrado County, the area surrounding Monrovia, cremation is being practiced due to the high population density of the area and the high Ebola caseload. However, this has met with strong resistance. The idea of taking a sick loved one to a treatment center then never seeing them again and learning that they were "burned" (in their vernacular) was found unacceptable and soundly rejected at the community level. This increased stigma and contributed to bodies unsafely buried and the sick not being sent to Ebola Treatment Units. Again, the answer has been to work in partnership with communities to develop a culturally appropriate solution. Global Communities, USAID and the Liberian government are currently exploring safe burials in Montserrado County through securing appropriate land to be developed into a cemetery that can not only accommodate a large number of bodies but which also has space for families to safely gather and mourn.

Despite the challenges, safe burial is proving effective in stopping the spread of Ebola. Global Communities began burial team support in August. Since then, despite these challenges, we have been able to collect an average of 93 percent of all bodies within 24 hours of death. By the first week of October, we had burial teams in every country of Liberia and last month our teams were able to collect 96 percent of bodies within 24 hours.

Community education makes this possible, and is also working, making communities more aware of the precautions they must take to keep themselves safe and healthy. In Lofa County, a hotbed of the virus in the beginning of the outbreak, communities are taking ownership of their health by physically fencing themselves in, monitoring travel, and being vigilant about safe burial. They have also developed a triage system that allows them to identify Ebola versus other illnesses and take appropriate steps to keep the uninfected safe. As a result, Lofa County has seen the numbers of Ebola cases drop significantly, and saw zero cases for several weeks in October. Across Liberia, we were able to directly reach over 1,500 communities in some of the critically important areas of the response through Community Meeting and Dialogue Sessions. These meetings bring together senior members of the Ministry of Health and Social Welfare with traditional chiefs, religious leaders, town criers, community health volunteers, and other local leaders.

Indeed, it has now been widely reported that we are seeing the caseload slow in growth throughout Liberia, which is cause for optimism. However, it is not yet time for celebration or to let our guard down. The international community, the government of Liberia, and the people of Liberia themselves must maintain the level of vigilance and the behavior change that has proven effective in beginning to control the spread of the virus, and stay the course until the epidemic is halted. Community education must also continue so the people of Liberia are empowered to maintain their own health. Significant, longer-term investments must be made in the health systems of the country, particularly in the capacity of the Ministry of Health and Social Welfare which is critically important to preventing other outbreaks of disease in the future. Ensuring their ability to respond now will leave behind a strong and dedicated environmental health system for the future. We all must learn from this outbreak to prevent future such disasters.

Even when the epidemic appears to be safely under control, we will still need to remain cautious, attentive, and responsive. Global Communities has seen through its work in other post-conflict and disaster settings around the world that there is often a dangerous gap between emergency response and long-term investment. Areas such as food security and economic stability can often suffer during this time frame. Investing in those areas now will prevent additional setbacks in the future. Remaining attentive will also ensure that there will not be a period where Ebola is allowed to thrive again.

In closing, Global Communities would like to express profound gratitude to Congress, particularly the members of this committee, for your continued support and involvement in this work. The worst Ebola outbreak in history *can* be stopped, and *will* be stopped. Thank you for enabling us to do everything we can to stop it. I look forward to your questions.