

Washington DC Forum: The Threat of Ebola

William Selig
November 19, 2014



Washington DC, USA - The Office of Peace and Security Affairs (OPSA) forum held Nov. 19, 2014 on "Understanding the Global Threat of Ebola" was co-partnered with Seraphim Global, an international organization providing relief and medical assistance to vulnerable populations around the world. Dr. George Contis, medical doctor and president of that organization, served as moderator. The speakers and participants agreed that a multi-pronged approach including economic aid, military support, and humanitarian relief is urgently needed to deal with this disease that has already claimed the lives of over 5,100 people and caused enormous economic damage to the affected nations: Guinea, Liberia, Sierra Leone, and most recently, Mali.

While Ebola is an actual threat in Africa, the more pressing concern in the U.S. is the fear and paranoia that surrounds the disease. In a recent Washington Post/ABC News poll, two thirds of those queried said they're concerned about an epidemic in America. Liberia's Ambassador to the U.S., Jeremiah C. Sulunteh, is "cautiously optimistic" that his country is turning the tide against the virus. No family or aspect of community life in Liberia has been untouched by this dreadful disease. Due to the closed borders, and families abandoning their farms -- the price of food and all commodities has risen. The Liberian government is not equipped to deal with a crisis of this magnitude. In responding to this regional and global emergency, the general public needs to be educated about the virus and how it spreads. In addition to the health officials, Ambassador Sulunteh called on the religious and faith leaders, as trusted and credible authorities, to reach out to their congregations to remove people's fears and misconceptions about the virus.

As news coverage about Ebola continues to dominate the media, Dr. Fred Bemak, Professor in the Counseling and Development Program at George Mason University, described the psychological impact causing fear and anxiety, and "creating an atmosphere where rationality disappears and irrationality prevails." Stigmatization surrounds Ebola not dissimilar to polio and HIV/AIDS according to Dr. Joxel Garcia, Medical Director for the District of Columbia Department of Health, who expressed concerns that ignorance about Ebola is causing people to stigmatize the city's African population. The panelists concluded that the best defense strategy against this modern plague is a multi-pronged strategy centered on updated and accurate education in culturally relevant ways and adherence to the protocols recommended by the Centers for Disease Control and Prevention (CDC).



On behalf of the Office of Peace and Security Affairs (OPSA) of UPF International, the host, Dr. Antonio Betancourt welcomed the speakers and the 40 participants. "The deadliest Ebola outbreak in history has, to date, infected more than 14,000 people and the numbers continue to rise," he said, and quoting UN Secretary General Ban Ki-moon, "Ebola will be beaten through a resolute and coordinated effort. We have initial evidence to prove that this can happen. But we must speed up efforts to first get the virus under control and then bring it to an end. Now is no time to let down our guard. We must keep fighting the fire until the last ember is out."

Our moderator, Dr. George Contis, a Board Certified Pediatrician and Public Health Physician, welcomed the participants and gave background on the Ebola crisis. "The early media reports produced even far greater fear among people in the developing and the developed world. In many ways, this near panic reaction resembled that experience during the Black Death epidemics of the 7th, 12th, and early 20th centuries."

He praised organizations such as the Doctors Without Borders and the International Medical Corps for responding quickly "with health personnel who volunteered to work in local health facilities despite the threat that they could contract the disease."

Eight months after the epidemic began and much less mention in the press, Dr. Contis asked: "What happened to the epidemic that was supposed to reach 100,000 persons and kill 70,000? What went right and what went wrong about our understanding of the nature of the epidemic, how it spread, and the requirements to contain the epidemic?"

Keynote speaker, The Honorable Jeremiah Sulunteh, Ambassador of Liberia to the U.S., spoke on "The Impact of Ebola in Liberia and Its Post Recovery Challenges." Expressing his gratitude to the UPF, The Washington Times and Seraphim Global, he thanked the United States for sending the medical, military and civilian personnel to build 17 100-bed hospital facilities and "to strengthen the health infrastructure in Liberia."

As the diplomatic representative to the United States, he takes very seriously his role to assure the American people that Liberia will not become dependent on America, but he asked that the "private sector not lose faith in our ability to be investment worthy."

He pointed out that prior to the outbreak of Ebola "there were only 15 medical doctors in Liberia, a few dentists and one psychiatrist for the entire population of 4.1 million people." Liberia was also suffering from the 14 year civil war which devastated its infrastructure, "claimed the lives of more than 250,000 people, and displaced more than 1 million citizens." When the virus struck Liberia, he said, the system was simply overwhelmed.



Although there has been a recent decline in the outbreak of new cases, the ambassador cautioned, “much more is needed to be done to eradicate the virus.” An accelerated international response is needed to eliminate Ebola “to rebuild our health infrastructure, provide critical supplies and health services (including the development of a vaccine), and equally important, investing in Liberia will ensure economic stability and security to West Africa.”

The Ambassador spoke passionately: “We are not asking you to feel sorry for Liberia or to view it as a ‘basket case.’ We’re asking you to believe in Liberia and value its history as an important U.S. ally. We are asking you to realize that unless the Ebola virus gets under control, the country is vulnerable for violence and discontent, and if that effect occurs, the country is destined for generations of poverty and will be ripe for crisis.”

Dr. Walter Faggett, retired Medical Director of the DC Department of Health, and member of the Liberian Steering Committee to End Ebola (other members of the Committee in attendance included: Dr. John Wulu, Barbara Ferguson Kamara, and Maria Wallace), asked everyone for a moment of silence in honor of the more than 5,400 who have died from the virus and for the valiant providers who continue to risk their lives as did Dr. Martin Salia on knowing the possibility of lethal infection.”

Dr. Faggett expressed his appreciation to the Liberian ambassador for his “outstanding leadership and direction to our steering committee,” and all the efforts to mobilize resources “to rebuild the infrastructure, heal the need, completely eradicate the Ebola virus, and assist the Liberian government to fulfill the full potential of this very resilient country.”

He praised Dr. Garcia, Medical Director for the DC Department of Health in dealing with the crisis locally in the tri-state area (VA, MD, DC) and in developing infection control protocols for the regional hospitals in coordination with the Centers for Disease Control and Prevention (CDC).

Dr. Faggett credited Dr. Garcia’s leadership for the absence of fear in the community when a patient with a fever who had recently returned from West Africa was brought to Howard University and tested for Ebola. It turned out to be malaria but it was thanks to the protocols in place that panic was avoided.

Dr. Joxel Garcia, Director for the District of Columbia Department of Health (DOH), spoke about the fear factor and stigmatizing people who come from Africa. He said members of the public have posed odd questions and expressed outsized fears about transmission, and gave the example of taxi drivers who may be originally from Africa. “When they read the name, they come out of the taxi,” he said.

In another instance, someone asked what to do about two Africans on his swim team. In light of Ebola, his wife would not let him into the bedroom until he quit the swim team, or until the two team members quit. Neither member was from the region affected by Ebola. In yet another instance, a patient asked not to see a doctor after learning she was from Africa.

“The lack of understanding of the world map and the African map is really dramatic,” he said. There is

also a lack of understanding about the disease. When he was in medical school, “we only had a single paragraph about Ebola in the medical text, Harrison’s....We used to call it hemorrhagic fever...but now we know far more about the disease and that it originates from a fruit bat.”



Dr. Garcia gave further background on the medical aspects as well as the protocols that have been developed in America. Anyone flying to the U.S. from Ebola-affected countries in West Africa must enter through one of five airports screening for the disease—Kennedy International in New York, Newark Liberty International, Washington Dulles International, O’Hare International in Chicago, and Hartsfield-Jackson International in Atlanta.

The local health care facilities are working in coordination with national and international agencies. “Integrity is extremely important. We have to protect all healthcare providers.” The lead agency in the district is the D.C. Department of Health. Weekly webinars are held with counterparts across the nation to develop best practices.

“There is a protocol for travelers to the U.S. who are arriving from the hot zones (Liberia, Sierra Leone, and Guinea). They are given an Ebola CARE Kit which contains tools to help them do daily health checks for the next 21 days, including a welcome letter, information, and a thermometer.”

He said they are sensitive to fears surrounding this disease and are careful not “to create any kind of stigmatization.” A simple diagnostic test solution for suspected Ebola patients has been developed that gives results in just 90 minutes. The D.C. Department of Health (DOH) is working at the hospital level, public schools, and community health. “We have a plan of action for humans and also for pets.” He concluded his remarks by emphasizing the importance of education, communication, and to combat the problem of stigmatization. (DOH website: <http://doh.dc.gov/page/ebola-questions-and-answers>)

Dr. Faggett added emphasis to the point about decreasing the stigmatization. He praised Doctors Without Borders, “who have taken away the walls from their facilities and now families can really talk with some of their loved ones through the fences.” He and Dr. Garcia believe this kind of approach has the effect of bringing down the psychological walls that isolate and dehumanize those affected by Ebola.

Dr. Fred Bemak, Professor in the Counseling and Development Program at George Mason University, spoke on the “Psychosocial Implications of Ebola.” He said, “The history of misunderstanding and panic and fear is hundreds of years old. The real first hit at this came back with the bubonic plague in the 1300s when people were really in a lot of trauma and a lot of fear and a lot of misinformation. The current reaction to Ebola is much more related to the last half of the 20th century where we have dealt with polio and HIV-AIDS. People couldn’t get health insurance if there was polio or HIV in their family history.”

There is a lot of fear associated with Ebola. “When we hear the symptoms (bleeding of the eyes, nose, rectum, ears), it’s very scary for people. It starts to generate fear and concern that spreads very, very quickly. People feel helpless. Out of control. This leads to a sense of mass hysteria and overreaction.”

Dr. Bemak related several examples, including a Harvard Medical School professor who said, “it’s totally ridiculous that we’re closing all the schools. It’s very difficult to catch Ebola. People need to step back and look at the actual facts.” We have the capacity to use rationality to prevent hysterical reactions. Another example occurred in Mississippi, when “parents pulled children out of middle school after learning that the principal had recently visited southern Africa...A school board in North Carolina recently voted that an assistant school principal be required to work from home for 21 days because he had recently returned from South Africa.”



Dr. Bemak said that the CDC was fielding “over 800 calls a day with false alarms after the first infection in Dallas. Before that they received 50 calls a day.” All of this is “very irrational.” Ebola is promoting mass hypochondria in the country,” he said. The possibility of contracting the disease is extremely low. There is a far higher probability of “catching the flu, being in a boating accident, getting hurt on your lawnmower, or falling off a cliff.”

The media, and he singled out CNN, increases the sense of anxiety. “We take cues from the media who present the news to us and talk about issues. We see that the experts on TV are concerned and very nervous about what’s going to happen. It gives us messages that we should also be afraid and that’s filtered through to us in the media. Because Ebola has been a long-running story it has needed to become more sensational to keep the story going, rather than say the same thing every night. This sensationalism spills over to this mass hysteria.” Social media is also an important influence. “There were 10 million tweets about Ebola in a three-week period according to one story. ...Those numbers continue to go up.”

Dr. Bemak also noted the “historical mistrust in many communities in the U.S. of the medical system” because of past violations by the medical community. There is also a “cultural mistrust of the medical system and government officials that continues to exist,” and which blocks people behaving rationally about this issue.

Quoting the ambassador who said there was only one psychiatrist for over four million people, Dr. Bemak said the Ebola virus has had a devastating impact on families and the society. It’s imperative “to grasp what it means psychologically to people and the families when we know that people are in quarantine and psychological isolation. Oftentimes, people become traumatized. We also know that somebody who becomes infected with Ebola loses all their personal property and belongings. Everything is destroyed. It’s like having a fire where everything is wiped out. Everything is gone. This is very serious psychologically. Add to this the social stigma and there is serious need for counseling.”

In a study done in Sierra Leone, 76% of the households said they would not welcome back to the community someone who was infected and survived for fear that they might get infected. He recommends “to keep connected with our social networks. Talking with others about the issues and concerns. Sharing is a very powerful means to decrease the panic.”

Charles L. Owens, Director, Strategic Communication, Leonie Industries, LLC, spoke on “The Need for a West African Media Outreach Campaign.” The Ebola virus has ravaged many of the communities in

Guinea, Sierra Leone and Liberia. Many organizations have made strides in the fight against the Ebola virus, however, few organizations have made an effort to better coordinate and align the many messages that currently exist in the media space across the continuum of strategic communication domains, including public diplomacy, public relations and capacity building.



Leonie Industries, LLC (Leonie), along with its partner Think Africa Solutions, presented their proposal for an Ebola Media Outreach Campaign which will educate the people and governments of the countries in West Africa most affected by the Ebola virus outbreak. Through effective communication outreach strategies and services, the people will be better informed about Ebola virus prevention and precautionary steps, care for those infected with the virus, proven medical treatment solutions and other locally focused social and economic issues.

“Strategic communication is the synchronization of actions, images and words to achieve a desired effect.” Mr. Owens emphasized the importance “to understand the language and history of the people...cultural sensitivities.” The worst thing that can be done, he said, is “to go with the right message but have the wrong spokesman.” It’s important “to use local people of influence to inspire the audience to take action.” This is the value of strategic communication. “It will act as a force multiplier for scientific and government efforts and better enable any organization to effectively disseminate messages in multicultural societies.”

Cynthia Turner, Executive Director and a founding member of SeraphimGLOBAL, referenced Congressman Roger Williams (R-TX), who was unable to attend due to a last minute vote on Capitol Hill. Ms. Turner informed the audience that Congressman Williams has been responsible for Operation Onward Liberty, which is a U.S. Departments of State and Defense initiative to support the government of Liberia. The Congressman has been one of the people on the Hill who is committed to providing resolution and hope and healing to West Africa. Operation Onward Liberty will provide both construction and medical military personnel throughout the region. Speaking on behalf of Congressman Williams, Ms. Turner said he wanted everyone “to know that the U.S. remains committed in our military sector and particularly committed to work in partnership with Liberia and West Africa to resolve this devastating crisis.”

Dr. William Selig, Deputy Director, Office of Peace and Security Affairs asked the Ambassador about the role of religion and the faith leaders in dealing with the Ebola crisis?

The Liberian ambassador said the majority of Liberia’s population are Christian, about 10% are Muslim, and less than 0.5% practice the traditional indigenous faith. “The religious leaders including the traditional leaders realized early on that we are partners in this crisis and that their role in disseminating information and talking to their congregations is critical. He said that religious leaders are recognized as truthful, so that the people accept their authority. In some ways, the ambassador said, “the religious leaders have even more credibility than some of the government leaders.”

Dr. Contis said that during the time of the Black Death, most people fled from the cities into the

countryside, and the ones who stayed were the religious leaders and the doctors. They felt called to stay and do their job, consequently they suffered a higher incidence of death. He expressed a sense of admiration for these two professions.

Maria Wallace of Doctors On Call and the African Methodist Episcopal Church (AME), shared with the audience about a project of the AME to raise funds to place sanitation kits in the homes of the most at-risk families in West Africa. Each kit costs \$42 and contains a plastic bucket, a gallon of chlorine bleach, water purification tablets, rubber gloves, and soap.

Dr. John Wulu, Chief Statistician at the U.S. Department of Homeland Security, and a member of the Liberian Steering Committee to End Ebola, spoke about the historical ties between the U.S. and Liberia. "Liberia was the very first independent country in Africa, and has stood as a successful example for the rest of the continent." He called on "all of Africa and all the globe to be involved in the fight against Ebola and the transmission of it. And to make sure that those countries get back into the fold of civilization. We must continue to assist the young children, the youth of those countries, particularly their educational needs. Early education is so gravely important. I'm saying to this panel and others in the audience that we need to keep in mind that it's Liberia today, but it could be any other country tomorrow."

Dr. Antonio Betancourt, Director, Office of Peace and Security Affairs, UPF-Washington, DC, and host for the forum, said, "The job of the UPF is to work towards cultural reconciliation with the final goal to establish a society characterized by Interdependence, Mutual Prosperity, and Universally Shared Values. This is the society that we envision. It is the vision of a society that the late Rev. Moon, the founder of UPF taught us. It is possible to create, but to do that, we need to act out of love and compassion, not out of fear, live for the sake of others, and to be our sisters and brothers keeper."



ATTENDEES:

HOST: Dr. Antonio Betancourt, Director, Office of Peace and Security Affairs, UPF International-DC Office

MODERATOR: Dr. George Contis, President, Medical Service Corporation International (MSCI), and Founder, SeraphimGLOBAL

SPEAKERS:

Keynote Speaker: The Honorable Jeremiah Sulunteh, Ambassador of Liberia

Dr. Joxel Garcia, Medical Director for the District of Columbia Department of Health

Walter Fagget, MD, National Medical Association; Member, Liberia Steering Committee to End

Ebola

Former Chief Medical Officer, Department of Health, District of Columbia

Fred Bemak, Ph.D, Psychologist, Director - Psychosocial Services, SeraphimGLOBAL,

Professor, George Mason University

Charles L. Owens, Director, Strategic Communication, Leonie Industries, LLC

PARTICIPANTS:

Mr. George Achimbi, T & N Reliable Nursing Care

Barbara Amaya, Seraphim Global

Dr. Ray Brogan, Kaplan University

Dr. Thomas Calhoun, Qualis Health, DC

Winifred Carson-Smith, Doctors First

John Crump, National Bar Association

Davina Durgana, Seraphim Global

Prof. Diane Falk

Barbara Ferguson Kamara, D.C. Dept of Human Services (retired)

Jeffrey Gibbs, U.S. Department of State

Harriet Henry, Prince George's County Food Equity Council

Katrina Johnson, Youngevity/Soul Purpose

Shane Keane, Leonie Industries, LLC

Scott Kreller, Leonie Industries, LLC

Lais Lacerda, Seraphim Global

Min. Chi Mauuso, Afrikan Women's Networking Group

Erickson Miller, Office of Senator Brian Schatz

Eileen Qigley, Medical Service Corporation International

William Reed, Black Press International

Christopher Shorter, D.C. Department of Health

Dr. Adrian Taylor, Think Africa Solutions, LLC

Dr. Hannah Thomas, DiCon Consulting

Cynthia Turner, Medical Service Corporation International

Mary Utermohlen, Diplomatic Courier magazine

Maria Wallace, Doctors On Call

Vickie Ward, Embassy of Liberia

Elliot Wolff, Advantage Healthplan Inc.

Dr. John Wulu, University of Maryland University College