Living with the threat of Ebola in Africa

Kathy Rigney and Y. G. Coleman October 2014



These are some of our church members in Liberia, a nation of 8 million in Western Africa, which is under threat of Ebola

I am a second-generation member living in Liberia and this is my account of the Ebola virus situation in Liberia along with my thoughts and experiences of the Liberian Unification Church members. We have had two phases of the Ebola virus outbreak. When the first occurred in March, I had never come across the name "Ebola" before. The virus was described as deadly. The first known case occurred in DR Congo in 1976; the virus is named after the Ebola River there. It spread to Liberia from a recent outbreak in Guinea, which then had about seventy cases. Someone that had contracted the disease in Guinea crossed the border and died in Liberia. Here, we had six confirmed cases and five deaths. These cases were in the rural area, and it looked as if the government had quarantined most of the contact cases and had the virus under control.

As I am sure many people did, I started studying the virus, its history, the disease it causes, means of transmission and prevention methods. No cure, nor hope for a cure, was then known and the disease kills up to 90 percent of people infected. Moreover, it is easily transmitted; just shaking hands or hugging an infected person can serve as a source of self-infection.

Thus, awareness messages aimed at putting a halt to the habitual practices of our people, such as shaking hands, and eating bush meat (the meat of wild animals) and to stop the normal traditional or religious burial of deceased family members. All of these measures were advised because of a disease that in its initial stage has symptoms no different from others we have experienced, such as fever and diarrhea. No wonder some people refused to believe it was true. Thankfully, the situation did not worsen much. The cumulative number of cases by April, confirmed, probable and suspected, was thirteen with eleven deaths.

We were going about our normal activities, going to school, church, work and even social outings, but we were a little more cautious about whom we came into direct physical contact with. Some people started using hand sanitizers, but had to use them every ten minutes or so, because it is hard coming across a friend in the street and not extending a hand to shake. Old habits die hard.

Traveling to a Vital Workshop

Finally, the Ebola outbreak subsided with no new cases as of April 9. Liberia's health situation returned to normal gradually, but the situation in Guinea was still ongoing and the rumors about the virus outbreak here were outrageous. Some believed it was a scheme by the government to get money from the international community so government officials could make themselves rich. A rumor arose that doctors were killing people and selling their organs for money.

The literacy rate in Liberia is low. Uneducated belief in such rumors is one reason the virus will continue to kill. If you are not astute enough to believe a disease is real, how likely you to avoid getting it?

By June, we were preparing to leave for Benin to await the arrival of Dae Mo nim, when we heard of a second outbreak in Liberia. Forty-two days had passed with no new cases.

The disease has a twenty-one day incubation period (the time from infection until signs and symptoms appear, though it may persist in semen and vaginal fluid for much longer). Forty-two days makes it almost certain that the new outbreak was a completely separate occurrence from the first.

The virus had spread to Sierra Leone. A man who had gone there to bury his mother contracted the virus and came back home. The nurse treating him did not know what disease he had. She fell ill. It infected the doctor treating her, too, before they realized it was Ebola. I am a medical student and I am usually in and around the hospital for classes. If the usually cautious doctors and nurses, who each treats more than fifty patients a day, are getting the infection, the likelihood of the disease spreading in local communities and clinics is high.

The number of people with Ebola at this point was rising rapidly. Côte d'Ivoire had started regulating who and what crosses its national frontier. Members were now worried that it was not safe to travel by road and that the border might close by the time of the Chung Pyung workshop. It was difficult, especially at the Côte d'Ivoire border. Some members were sent back because they were Liberians and Liberia had Ebola cases.

The program in Benin was amazing, very spiritual. Meeting second-generation members from other countries was great. Not long after our return, sometime in July, two Americans contracted the virus. They were taken to America for treatment with an experimental drug; both were cured. In Liberia, the situation was not improving. The church then decided that we should all do a condition for the country. We prayed for seven minutes each midnight for twenty-one days, plus doing Hoon Dok Hae.



Some of the blessed children of Liberia

The Situation Worsens

President Sirleaf declared a state of emergency in the country. She closed all schools for a month effective August 1 and imposed a 9:00 PM curfew. The entire country is under siege by Ebola. Almost all borders are closed, communities are under quarantine, flights in and out of the country have shut down and schools have yet to reopen. A shortage of food and medicine is developing. Prices are increasing. Public transportation is at risk of discontinuing. Just last week, with a passenger in his taxi, the driver started vomiting blood in the car and on the sidewalk. Nowhere is safe anymore.

As of September 11, we still have only nine Ebola-equipped ambulances in the entire country. Liberia had a fragile health system to begin with, with one doctor per 100,000 citizens in a population of 4.4 million. Only one doctor had specialized in internal medicine, but he and three other doctors (along with seventy health workers) have all died of Ebola. In total, 152 health workers have fallen ill. The remaining health workers are scared, especially with our insufficient infrastructure and inadequate protective medical gear.

Presently, we have over two thousand cases and more than a thousand five hundred deaths and the number is increasing. So far, all of our members are alive and well. To my knowledge, the communities that our members live in are still free from Ebola but the majority of us live in the capital and this is one of the hotspots.

I am working through two organizations, Girl Up-Liberia and the Ufoundation to help raise awareness in communities and to help those families that must remain indoors because of exposure through a family

member's death. You would be saddened to see the number of children that are dying or becoming orphans because their parents have died from Ebola.

Since August, the church leaders have been in contact with the international leadership and have been giving them updates. We are so happy that our True Mother is concerned about us. I am sure we are in many members' prayers, and that matters. We pray that the virus can at least be contained in the six countries it has already reached.

Donations Begin Coming



By mid-August, FFWPU-Liberia received a donation from a missionary in Japan and used that money to buy rice, which was disturbed among members. Later, a package came from the headquarters in Korea that included more rice and some canned food. Last Sunday we again received money; more is forthcoming along with some drugs that may be useful. We are so grateful for these contributions and understand that it is difficult to send food here because the land border is mainly closed and air transport is limited. The situation of most of the family members here is not favorable in the best of times and its worse now that the country is in a state of disaster.

The worst is yet to come. It is going to be similar to the time or war. It is similar. There is a shortage of food and medication, and hundreds of people are dying.

Kathy Rigney Writes to Belgium

The situation in Liberia is becoming increasingly difficult, because there is almost no food since the borders were closed. Also, since food is difficult to find, many people are breaking into homes and stealing from others. Even one of our sisters had her home broken into. Everything is scarce and many people have little to eat.

We have about thirty blessed families. The entire country is in a state of emergency. So people cannot go out at night, the borders are closed and there is no way to go to the hospital; in fact, the hospital is a dangerous place. People are dying everywhere, especially children and their bodies are put in the street during the night.

Right now, Brussels airlines in Brussels, Belgium is still operating. We do not know how long it will take before the Ebola emergency is brought under control. Until then, we feel that we have to help these thirty families. Please help our brothers and sisters, they need our urgent help."

Philippe Jacques Writes from Belgium

We felt deeply concerned about the situation of the blessed families there. Brussels Airlines is the only airline still flying to Liberia. With the help of all the brothers and sisters from the Belgium community, we could collect enough money to prepare a pallet of food and first necessities and we sent it immediately. Later, we were happy to receive this mail from our sister Pamela saying they had received it. She wrote, "On behalf of all the members, we say a big thank you for your love and support for us in these difficult times...."

Now, we are preparing a second pallet but as the price of the transportation increased recently, we have to collect money through European countries.

A Report from Sierra Leone

Sylvester Moriba the national leader of Sierra Leone reported: An outbreak of Ebola has been ongoing in Sierra Leone since May 2014. Eleven of our twelve districts have been affected. The public health infrastructure is being severely strained as the outbreak grows.

Sierra Leone's government has recently instituted enhanced measure to combat the spread of Ebola, many of which will likely make travel to, from, and within the country difficult. The Ministry of Health and Sanitation in Sierra Leone and the World Health Organization reported a cumulative total of 1,026 suspected and confirmed cases, including 935 laboratory confirmed cases, and 422 deaths.

Containing the Ebola virus involves facing serious challenges. Most of the assistance coming from abroad... [does not reach] those suffering from the disease and those that are risking their lives in the fight against the disease. After visiting Sierra Leone, the director for Center for Diseases Control and Prevention, Dr. Tom Frieden, described the sudden increase in Ebola positives in our country as " worrisome and terrible " and predicted it will cause a devastating health and economic crises.

From Maduka Sartie

Sierra Leone also received US\$1,000 dollars from the West African regional headquarters. They have bought rice to share with all the members.

Philippe and Yoko Jacques

Today a new pallet is on the way for Liberia. This time we received financial help from many brothers and sisters from Europe and even from a Belgian sister living in Korea.

Kind regards, Philippe and Yoko

Ms. Coleman's Most Recent Message

The situations here is still going downhill. Apart from worrying about the Ebola spread itself, food is becoming scarce. Schools and most hospitals and clinics are still closed. Shops are closing. We have received another \$5,000 as a contribution from the international community, \$1,000 from our regional president, \$2,000 from our missionary Mrs. Hasagawa Ayumi and \$2,000 from Rev. Tokuno.

The leaders here went to buy rice, oil, and some spices but they were having a hard time finding these supplies. The World Health Organization and other international bodies have already projected that the number of deaths in Liberia alone will reach many thousand in three weeks. I hope that it will be contained before then. May Heavenly Parent help us all.