# Faith in time of EBOLA

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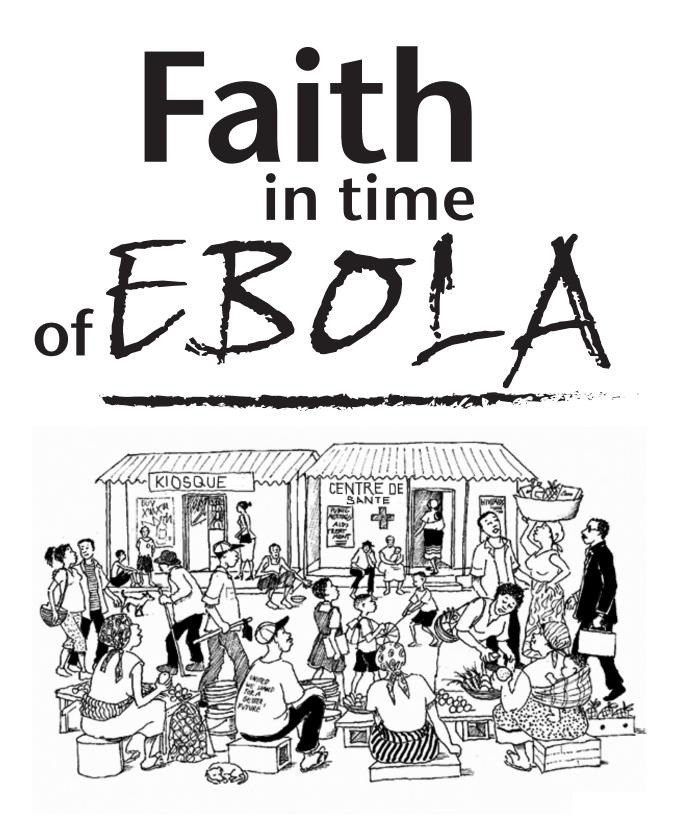








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#### Faith in a time of Ebola

A resource for churches to help them play their part in controlling the outbreak.

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Goma, DRC | 2020

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# **INTRODUCTION**

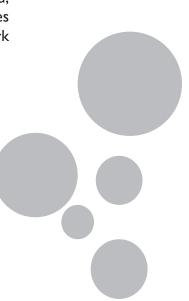
ur beautiful land of Congo is affected by many challenges. War, poverty and political instability are just some of the daily realities of life in our country. During the last two years, a further challenge had been added to the load carried by the people of Congo. In 2018, an outbreak of Ebola Virus Disease began that, as of June 2019, had claimed the lives of more than 1500 people and that so far shows no signs of coming to an end.

Bringing the outbreak of Ebola under control is one of the many urgent priorities facing our country. For the infection to be stopped everyone will need to play their part – communities, politicians, international agencies and many others. The role of churches in the control of Ebola is critical. In the last major outbreak of Ebola that took place in West Africa between 2013 and 2016, it was when churches and mosques become fully involved in efforts to control the infection that the tide of the epidemic was turned. Speaking about what happened there, one UN Staff member in Sierra Leone said "The participation of religious leaders was a game changer."

How can churches make such a difference? The contribution of churches is made in three main ways. Firstly churches are the principal providers of medical care in Congo. Through our hospitals, health centres and medical staff we are offering active care, support and treatment of people affected by Ebola. Secondly our churches and their leaders are embedded in local communities, trusted and respected by them. This enables us to communicate with authority and integrity information about Ebola that needs to be acted on by everyone for the infection to be controlled. Thirdly, and most importantly, we are able to speak to the hearts and minds of the people we serve. We have the ability to address the issues of fear, confusion, suspicion and concern that Ebola evokes. It is only when these issues are addressed that work to bring the current outbreak to an end can succeed.

This resource is designed for church leaders in Congo. It has two aims:

- To provide you with clear, simple information about Ebola and the practical actions that need to be taken to bring the infection under control.
- To offer you theological resources taken from scripture that will help you, your churches and the people you serve think about the deep cultural issues present in communities in Congo that affect everyone's ability to work together to bring the outbreak of Ebola to an end.



# SESSION 1: FROM FEAR TO HOPE

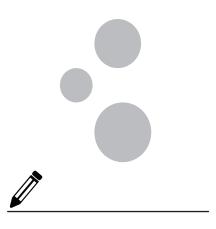
#### 1.1 Introduction: Fear and Ebola

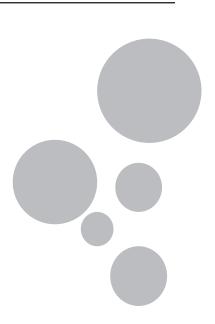
What is the most common commandment in the Bible? Ask this question and people will come up with various suggestions of what they think the Lord most wants us to do. It's often a great surprise that God's most common command is this – "Do not be afraid".

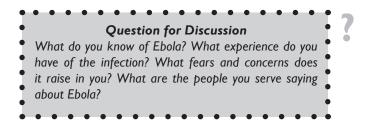
God tells us not to fear with such frequency because, in life, there is so much to be afraid of! In Congo sources of fear surround us on every side. Every day we live in the midst of conflict and violence, hunger and disease, injustice and oppression. Yet in the midst of this God tells us "Do not be afraid!" How can this be? Surely only because we know that our ultimate security is with God, who loves us and values us so much that each of our names is written on the palms of God's hands (Isaiah 49:16). In the first century Paul wrote to the early church in Rome, a vulnerable community at threat of persecution and hardship "For I am convinced that neither death nor life, neither angels nor demons, neither the present nor the future, nor any powers, neither height nor depth, nor anything else in all creation, will be able to separate us from the love of God that is in Christ Jesus our Lord" (Romans 8:38-39). God tells us not to be afraid because nothing can ever part us from him and his love.

Fear is created by many factors. Amongst these some of the most potent causes of fear are the things we don't understand, can't control and which offer us the greatest threat. Often, we just can't cope with our fears and this can lead either to denial of what's happening or to the apportioning of blame onto those we think are responsible for the threats that we face. When we reflect on all this, it's not hard to understand why so much fear surrounds Ebola.









#### 1.2 Information: What is Ebola?

Ebola is a virus, a microscopic infectious agent that replicates inside the body's cells. Within infected people, Ebola causes acute, serious illness, attacking the body's organs, damaging its blood vessels, and affecting the body's ability to regulate its temperature causing fever. On average, about half of people infected with Ebola die.

It's understood that Ebola is present all the time in the natural world where it exists in populations of bats. It gets into the human population through close contact with the blood, secretions, organs or other bodily fluids of infected animals including bats, chimpanzees, gorillas, monkeys, forest antelope or porcupines found ill or dead or in the rainforest. Ebola then spreads through human-to-human transmission via direct contact (through broken skin or mucous membranes) with:

- Blood or body fluids of a person who is sick with or has died from Ebola
- Objects that have been contaminated with body fluids (like blood, feces, vomit) from a person sick with Ebola or the body of a person who died from Ebola – so burial ceremonies that involve direct contact with the body of the deceased can also contribute in the transmission of the infection.

Health workers can particularly be at risk, especially where they have been responsible for treating patients with Ebola and where infection control precautions have not been strictly practiced.

The time interval from infection with the virus to onset of symptoms is from 2 to 21 days. A person infected with Ebola cannot spread the disease until they develop symptoms. People remain infectious with Ebola as long as their blood contains the virus. Symptoms can be sudden and include fever, fatigue, muscle pain, headache and sore throat. These are followed by vomiting, diarrhoea, rash, symptoms of impaired kidney and liver function and in some cases, both internal and external bleeding (for example, oozing from the gums, or blood in the stools).

#### **1.3 Bible Study – Addressing our Fears**

Read I Samuel 17.

The story of David and Goliath is a tale that almost all of us will have been familiar with from childhood. But have you ever read it as a story about encountering fear?

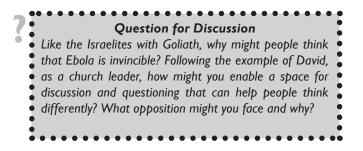
The narrative begins with the armies of the Philistines and of Israel facing each other across a valley. The Philistines believe that they have an enormous advantage, a seemingly invincible champion called Goliath whom they believe that no one living could beat. Goliath challenges the Israelites to send against him their champion.

The Israelites don't believe that they have anyone capable of this task. What is their completely natural response to this situation? As I Samuel 17:11 puts it "When Saul and all Israel heard the words of the Philistine, they were dismayed and greatly afraid."

| • | Question for Discussion                                      |
|---|--|
| • | Read I Samuel 17:4-7. This passage describes why Goliath     |
| • | is so understandably the source of the Israelite's fear. Now |
|   | read the section on Ebola given above. Why is Ebola so       |
| • | understandably a source of fear for people?                  |

There is one Israelite who has the ability to see things differently – the boy David. In I Samuel 17: 24-27, David sees two things. Firstly, he sees the fear of the Israelites. Secondly, he sees that a different outcome to the situation is possible. David sees that Goliath is not invincible, that he can be overcome.

Not everyone welcomes David's conviction. His older brother Eliab resents David's ability to see things differently and tries to silence David (I Samuel 17:28-30).





Thankfully, news of David's perspective on the situation reaches Saul. Saul is sceptical. But David is able to convince Saul that all is not lost and that he is capable of taking on Goliath (I Samuel 17: 31- 37). David's confidence comes from two sources. Firstly, his experience of taking on difficult situations before. Secondly he puts his trust in the living God who has sustained him through other difficulties in the past.

Saul tries to help David by offering him the loan of the King's armour. On the surface this would seem to be a good idea but, in reality, the armour is so heavy that David cannot even walk in it! David rejects the burdensome equipment he's been offered to face Goliath. Instead he chooses to face the giant instead using equipment with which he's familiar and that enables him to move easily and lightly.

**Question for Discussion** As church leaders we aren't equipped with the clinical skills and facilities that medical practitioners use in their work to stop Ebola. If we tried to take these on, we'd be like David trying to wear Saul's armour! But, we do have our own skills, abilities and opportunities that can enable us to play our part in stopping this infection. What might these be?

Finally, David encounters Goliath (I Samuel 17:41-58). David encounters Goliath's contempt. The giant does not believe that he has any weakness capable of being exposed to a young boy that can leave him vulnerable. But Goliath is wrong! A pebble from the brook swung with faith in just the right way is capable not only of defeating Goliath but of sending the whole Philistine army running. Fear overcome leads to victory.

# **SESSION 2: BUILDING HOPE**

#### 2.1 The Christian Understanding of Hope

The opposite of fear is hope. As Christians, when we speak of hope, we don't just mean wishful thinking – "I'm wishing that somehow, something will turn up". Such an idea of hope would be a feeble response to a threat of the magnitude and seriousness of as Ebola. Christian hope is something much broader, deeper, stronger altogether. In scripture, hope is not just a vague desire that something good in the future will somewhere turn up. Rather, the Biblical understanding of hope is a confident expectation and desire that good in the future will come. It's an assurance based in our existing experience of God's goodness, God's love, the faithfulness that he has already shown towards us.

Scripture also contains the idea that while hope is something which comes primarily from God, it is also something in which human beings have a part to play, a contribution to make. In the letter to the Hebrews we find the following words:

"God is not unjust; he will not forget your work and the love you have shown him as you have helped his people and continue to help them. We want each of you to show this same diligence to the very end, so that what you hope for may be fully realized." (Hebrews 6:10-11)

As Christians, God graciously calls us to join in the work in which he will succeed of bringing hope into the world. Our work, our love, our diligence matter. The contribution we make is important in brining into being the future that God wants for us and for which trust and pray.

**Questions for discussion** How do you understand the term 'hope'? What do you think it means to the people you serve? How do you respond to the idea that hope is something in which both God and we have a part to play?

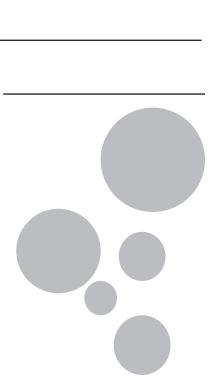
# 2.2 Information: Practical Ways of building hope in a time of Ebola

A number of ways exist by which we can bring practical help during a time of Ebola. Such help generates hope that is much more than wishing that Ebola would go away. It is a hope that is rooted in enabling a real difference to the future to be made.

The hope we can contribute to can be built in a number of ways:

#### 2.2.1 Encouraging the acceptance of care

As we have already discussed, there are good reasons to be afraid of Ebola. It is a serious and deadly disease that is claiming the lives of many people. In the face of such a threat and the fear that it evokes, a common and entirely understandable response is denial. When faced with a reality like Ebola, as human beings we can somehow think we can protect ourselves by refusing to accept what is happening. In practice



this can often mean us refusing to access or accept the help of medical services in case they force us to confront reality by confirming that something is wrong. "If I don't see a doctor," we say, "then nothing can be happening to me."

While this is understandable, in a time of Ebola, it is very dangerous. It is dangerous both for people who may be infected with the virus and for the people who live around them who may in turn become infected by them. As church leaders, our encouragement and support can be vital in helping the people we serve to seek and accept diagnosis, treatment and vaccination at our medical facilities when it is needed.

Diagnosing Ebola is a skilled task for members of the medical community. Ebola's symptoms have much similarity with other infections such as malaria, typhoid fever and meningitis. So just because a person has a fever doesn't mean that they have Ebola – it could well be the result of a number of causes. It's very important therefore, that confirmation that symptoms are caused by Ebola happens through diagnostic laboratory based tests undertake at a health facility.

In terms of treatment, two highly effective products have been identified after a therapeutic trial in the Democratic Republic of Congo (DRC) concerning the Ebola virus disease. These drugs offer patients a better chance to survive.

But supportive care - rehydration with oral or intravenous fluids - and treatment of specific symptoms does improve survival. Advances in treatment are being made all the time and a range of potential treatments are currently being evaluated.

A new vaccine against Ebola is proving highly effective in protecting people from infection.

#### 2.2.2 Preventing the transmission of the virus

We earn the right to speak about preventing the transmission of the virus when we can actively show that people affected by it are treated with respect, humanity and dignity. It's only when people have experienced our genuine love in action that they will listen to the requests we make that they should change their behaviour and how they live their day to day lives.

In terms of preventing Ebola, the goal of all activities is to reduce the risk of human-to-human transmission from direct or close contact with people with Ebola symptoms, particularly with their bodily fluids. The best way to pursue this in everyday life is to offer facilities for regular hand washing at the entrances of all places where people gather together in the community – in churches, in schools, in government buildings, in bars and restaurants etc.

As church leaders, measures that we need to take in our role of pastoral care extends to two particular areas of our activity.



Visits to offer care to people suffering from infection with Ebola must be undertaken under the guidance, supervision and instruction of qualified medical staff. This will cover the wearing of gloves and appropriate personal protective equipment when visiting ill patients. Regular hand washing is required after visiting patients in hospital, as well as after seeing patients at home.

Safe and dignified burial of the dead is the second area where great sensitivity, understanding and compassion must be shown.



#### 2.3 Bible Study – Hope that is rooted in God

Prayer needs to undergird all our work in the area of Ebola, as it does in every part of our work. Through prayer we open ourselves to God's power at work within us. Through prayer God changes us and shapes us to be the people God wants us to be. Through prayer we invite God's action in and around us for healing, renewal and hope. Through prayer we grow in trust and confidence in God.

#### Read Isaiah 43: 1-7

This passage, taken from Isaiah speaks to God's people held in exile during their captivity in Babylon. They are a people to whom the worst has happened – their country has been defeated, their city, Jerusalem, has fallen and they have been taken to work as forced labour in a distant nation. All their fears have come true. They would seem to have nothing to look forward to and no one to trust in. Yet into their situation God speaks a message of love and assurance and gives to the people a promise of redemption and return. God's message sets within this people a spark of hope, a hope that is fulfilled as they return to Israel enabled to live afresh as God's people in dignity, compassion and truth.

#### **Questions for discussion** How have you known God's faithfulness during difficult times in your life? What does your prayer tell you about these? How, as churches, can we show people affected by Ebola that they are precious honoured and loved by God (v4). What do you think 'redemption' might mean in a time of Ebola?

# SESSION 3: PREVENTING INTERPERSONAL TRANSMISSION, QUARANTINE AND SAFE BURIAL



#### 3.1 Bodies are Sacred

Central to our Christian faith is the understanding that human bodies are sacred. At the very beginning of scripture, God creates humankind in God's image (Gen 1:26). In that creation human beings are made to be both spiritual and physical. As a result our bodies are vital to who we are. Indeed, one of the early arguments of the Church was to reject the ideas of those who said that the only thing that mattered was our spirits and that the aim of life should be to look forward to getting rid of our physical bodies.

For Christians, the body has always mattered. How could it be otherwise when our very salvation depended on God getting a body? In Jesus, God becomes incarnate - which literally means 'in the flesh'. God makes holy and blesses our bodies by becoming our brother in Jesus. In the writings of St Paul, our bodies are described as 'temples of the Holy Spirit' (I Corinthians 6:19) and the people of God gathered together are described as 'the body of Christ' (I Corinthians 12:27). When Jesus establishes the central action by which we are to remember him he takes a physical object - bread - and says of it 'This is my body'. The importance of the body is reflected in the many instructions that scripture gives about what we do with our bodies - about keeping them clean, about keeping them healthy, about how we use them in love and in life. Our bodies do a great deal to define who we are. They shape us and limit what we are able to do and achieve. Their biggest impact is that eventually they wear out and come to an end, making us mortal. Our bodies define us as human. Bodies matter.

Because our bodies matter so much, it's not surprising that how we

treat them in death has been a matter of extreme importance for all people in all ages. Funerals have always been central to human identity, reflected in the great lengths to which we go to ensure that people are buried 'well'. What 'well' looks like varies from culture to culture and from time to time. In each culture people have developed very clear ideas about how funerals should be done. Ask any church pastor what is the best way to fall out with a family or a community and they'll tell you a simple answer - 'take a funeral badly'!

#### 3.2 Ebola and Touch

Because human beings inhabit bodies, touch is very important to us. We touch each other to show kindness, affection, sympathy and love. If a child is sick what they will often want most is to be held in the arms of a loved one. When a person dies, often the last contact we can have with them is to touch their dead body before it goes to the grave. Our human impulse when faced with a person in sorrow, distress or loss is to touch them.

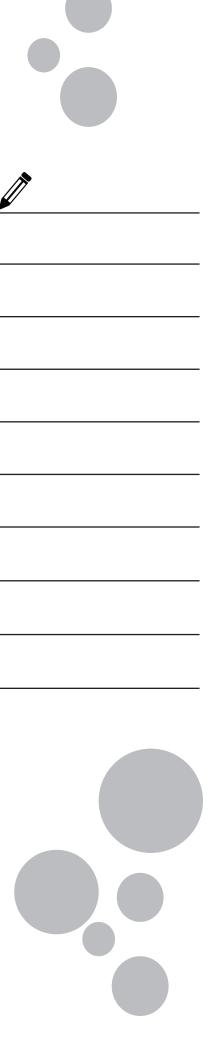
One of the cruellest aspects of the Ebola virus is the way that it makes touch dangerous. Ebola is transmitted by human contact with the blood or body fluids of a person who is sick with or has died from Ebola. It is transmitted by touching objects that have been contaminated with body fluids (like blood, faeces, vomit) from a person sick with Ebola. It can be passed on by touching the body of a person who died from the infection. Because of this, Ebola sets us on a collision course between what we must do to stay safe and prevent transmission of the virus not to touch, and our deepest human instinct when presented with a person in need – which is to touch.

Our heads tell us one thing, our hearts tell us another. The tension we feel is exacerbated when we see the measures to prevent transmission that must be taken by those responsible for caring for people who are sick with Ebola or for the burial of those who have died from the virus. None of us would choose to see a relative cared for in isolation by a nurse wearing a full protective body suit. None of us would want to be committed for burial in a sealed plastic bag. It's not in the least surprising that people affected by Ebola rebel against the need for such measures and seek not to comply with them. Yet such precautions are essential if the Ebola outbreak is to be brought under control. Finding ways through the head/heart dilemma is one of the greatest challenges for church leaders yet also one where their impact upon the outbreak may be greatest.

#### **Questions for discussion**

. . . . . . . .

What do you know of the measures that need to be taken to prevent the transmission of Ebola. How do these make you feel? How do you think they are viewed by the community that you serve? . . . . . . . . . . . . .



#### 3.3 Preventing Interpersonal Transmission

#### 3.3.1 Actions at Church

The main measure that church leaders can take to assist the prevention of interpersonal transmission of the outbreak is to ensure that hand washing facilities are in place and used by everyone at the entrances to all church buildings and facilities and at all services and meetings.

Whilst the outbreak continues, prayer for healing should not be accompanied by the laying on of hands. Other ways to signal that prayer for a person's wholeness and healing is taking place need to be identified and used.

Where the peace is shared in church services, usually with physical gestures such as shaking hands, this should not be proscribed in any kind of 'top down' fashion. It is likely that any such a course of action would lead only to dissension, disagreement and the generation of rumours. A much better way forward is to enable a congregational conversation about the wisdom of continuing hand shaking during the outbreak enabling the people to come to their own wise decision about alternative practices to use. Such decision will be much better understood, communicated and upheld by congregations than any directives instigated by church leaders alone! A similar conversation should take place around the wisdom of receiving wine at Holy Communion during the outbreak (Dipping, dunking). With respect to baptism, it is suggested that no one suffering from any kind of fever or raised temperature should be baptised while the outbreak continues.

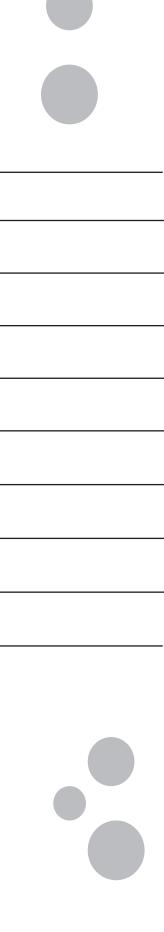
#### 3.3.2 Communicating at Church

It is important to remember that the early symptoms of Ebola are similar to those of other infections such as malaria or typhoid. It's impossible to tell whether a person has Ebola just by looking at them. Infection can only be confirmed by the use of diagnostic tests undertaken in a laboratory. During a time of Ebola, everyone presenting with symptoms such as fever, vomiting or diarrhoea should be encouraged to be tested at a local health centre – either to discount the possibility of infection or to get treatment and care underway as quickly as possible. It's important to emphasise that while a perfectly natural response is to seek to deny the reality of Ebola or the possibility of being infected with it, no one ever got better by doing so.

#### 3.3.3 Quarantine

In the very difficult situation that a person is found to be infected with the virus, they will need to be kept quarantine or isolation for 21 days, after which they will no longer present a risk to people around them.

Being in quarantine with a life-threatening illness is a terrifying and extremely distressing experience. As has been discussed, it is not possible for loved ones and church members to offer the care that would normally be offered to a sick person through close presence and touch. Yet a person in quarantine still needs to know that they are loved, cared and prayed for. Creative thought is needed to enable such affirmation to be given. Messages, prayer vigils and other means of letting people in quarantine know that they are far from forgotten are essential.



Care too should be extended to those with responsibility for looking after those in quarantine so that they can continue to offer dignity, support and attention to those in need.

#### 3.3.4 Safe Burial

As has been discussed, all cultures in the world have develop their own particular practices around death designed to show respect, dignity and care for the person who has died and for those that have survived them. All pastors know that it is important to fulfil expectations around funeral practices as much as we can at the time of a death. Ebola poses a great challenge for us in this area because the infection can be transmitted by touching the body of a person who has died from the virus. As a result it renders a number of our normal funeral practices unsafe.

Funerals of people who have idea from infection with Ebola put pastors into a place of tension. On the one hand there is an expectation that we should meet the normal cultural expectations of loved ones as to how a funeral 'should' take place. On the other hand we need to conduct funerals in such a way that they do not lead to further infection, illness and death. The only way through this tension is to think carefully and creatively about ways to make funerals as good as they can be in the circumstances that exist. Firstly there is a major task of communication to explain to relatives and the community of the person who has died the constraints that a death from Ebola put upon the ways in which a funeral can happen safely for everyone.

Secondly, within the constraints that exist, there is a need to ensure that funerals happen as normally as possible. The words of the usual burial service should be used. Graves should be dug only after a person has died and to a proper depth. The need to bury bodies in protective bags should be carefully and gently explained.

#### Questions for Discussion

Name the specific actions that you and your church could take in order to do what you can to prevent the transmission of Ebola. Who do you need to speak to make your ideas happen? How can your church have an action plan that is clearly communicated to everyone at your church?



#### 3.4 Bible Study

Thinking carefully about religious practice concerning an infectious disease transmitted by touch is not something new. At the time that the Bible was written, leprosy was understood to be a disease transmitted by touch, whose spread through a population could be prevented if appropriate measures were taken.

Read Leviticus 13: 1-8

The Levitical instructions given in this passage have much in common with good practice concerning Ebola.

Firstly, when a person shows signs of having an infection (v2), Leviticus is clear that the person affected is not to hide away or deny what is happening. Rather 'he shall be brought to Aaron the priest or to one of his sons the priests'.

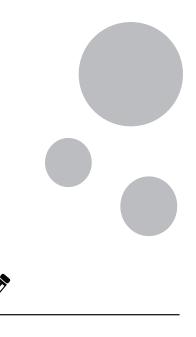
Leviticus next recognises that any symptoms observed need to be the subject of careful diagnosis (vv3-4). The text displays an understanding that not all infections are the same. This is just the same as for cases of fever which may be caused by Ebola,but could also be caused by other infections such as malaria or typhoid. Only proper diagnosis can tell accurately what is causing a fever and the kind of treatment needed.

The instructions in Leviticus make careful use of the practice of quarantine. Verse 5 speaks of a person affected being 'confined by the priest for seven days'. Such quarantine is recommended as an effective means of preventing the transmission of the disease. At the end of seven days, further scrutiny is commanded so that the priest can discern whether the infection has passed or not (v6). Where the infection has gone, the person is declared 'clean', ready to return to normal life within the community.

Read Leviticus 14: 1-9

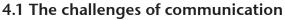
Leviticus goes further than purely giving instructions about deciding whether a person is infected or not. It also recognises that after a person has come through an infectious episode, that person needs to be reintegrated into the life of the community. In Leviticus this happens through a clear and public ritual that shows that all is now well with the person who has been infected and that they no longer pose a risk to others. In Leviticus, the public ritual was culturally appropriate for its time. Back then it involved the sprinkling of the recovered person with the blood of a sacrificed bird and then a process of ritual bathing and shaving. As Christians, we don't employ the ritual practices of the Old Testament. But we should nonetheless heed the need for people who have been affected by infection to be readmitted into the community and publicly shown to be safe.

**Questions for Discussion** How could your church publicly and joyfully acknowledge the recovery of those who have lived through Ebola? What kind of ritual, appropriate for today, that would demonstrate that people who have been affected are now safe and able fully to take their part in the life of the community?



# SESSION 4: COMMUNICATING IN A TIME OF EBOLA





Any church leader knows that communication is amongst the most difficult parts of our work. How often do you think you have communicated a piece of information endlessly, only to have members of your church turn round and say 'No one ever told me about that!'

If communication about everyday matters in church is hard enough, then communicating well about Ebola is even more difficult. The outbreak presents a number of challenges to good communication.

Firstly Ebola generates fear. It is a deadly disease and everyone wants to avoid it. For many people there is a lack of information about the disease – where it is spreading, what kinds of protection and cures are available. When answers to people's questions are absent or uncertain, it is natural to resort to rumour to decide what to do. Down the ages, fear of disease has always generated all kinds of speculation about how to stay clear of infection and to recover from it. We put our faith in what's suggested, even when there's no real basis for what's being said, because we can easily feel powerless when faced with the threat of Ebola and we want to get back in in control.

Secondly, Ebola is happening in a context where there is already an enormous amount of suspicion. There is suspicion of government and concern that the outbreak is being used for political ends. There is a suspicion of militias and other power groups who have often harmed and exploited people. There is the suspicion of people from outside who come to assist efforts to control the outbreak. Even the best-intentioned outsiders may not understand local sensitivities. And their opportunity to explain the reasons for good practice may be limited. In such a situation, questions get asked like this: 'Who do these people think they are? Why have they come? Are they really here to help us or do they have some other motive?' In such an environment where trust is low it is intensely



difficult to put across messages about the outbreak that everyone will accept and believe.

In the situation that exists, church leaders have a vital part to play. Church live within and alongside the communities they serve. They are committed to being with people over time and are not 'here today, gone tomorrow'. Though as fallible as anyone else, church leaders are generally understood to be present in communities for the good of the people they serve – showing care, love and respect and doing their best to act with integrity and honesty. During the outbreak of Ebola that happened in West Africa between 2013-2016, words that members of communities in Sierra Leone associated with their faith leaders were as follows; trusted, Godly, respected, dedicated, honest, wise, reliable, confidence, advice.

No one is helped in a crisis as serious as the outbreak by being given and by believing information that is erroneous or untrue. It makes those who hear and receive it like 'the foolish man who built his house upon the sand' (Matthew 7:26-27). The challenge for church leaders is to be conduits of truthful, authoritative teaching that will enable those who hear it to be like 'the wise man who built his house upon the rock' (Matthew 7:24-25). It is only when we can stand upon the rock of truth that it will be possible for the Ebola outbreak to be contained.

#### 4.2. Bible Study – Communicating in times of controversy

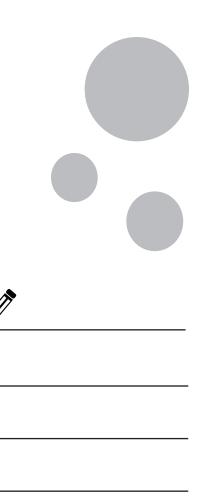
Speaking with authority and truth is by no means easy or simple. It is always a challenge to properly to be heard and there is much that acts against our best intentions. This was true even of Jesus! In his ministry he faced hostility, doubt and complete refusal to engage with what he had to say. If we are to speak the truth about Ebola, we should expect these challenges too and need to be prepared to meet them.

#### Read Mark 3:19b-35

The third chapter of Mark's Gospel is set firmly within the context of Jesus's ministry of healing. In vvI-6 Jesus has cured a man with a withered hand. In vv7-12 he has taught a large crowd and performed healing among them. In vvI3-19 he has called the twelve apostles to assist him in his ministry.

But in the face of all this good work, in vv19b-27 Jesus faces opposition from two sources. The first is from his family. You might imagine that they understand readily what Jesus is doing and would want to work with him and support him. Yet they seem to have missed the point. They think he's gone too far and is getting involved in things he shouldn't. People are saying negative things about Jesus's ministry ('He has gone out of his mind v21) and as a result his family 'went out to restrain him' v21.

The second group to oppose Jesus are the scribes. Their approach is to seek to discredit Jesus. They offer up a rumour that seeks to call into question all that he is doing and to make the claim that Jesus's work is based not in goodness but in evil. 'He has Beelzebul and by the ruler of demons he casts out demons' they claim.





Jesus refutes both group, the scribes and his family. Notice how he does this. Jesus doesn't tell either group head-on that they are wrong or stupid.

To do so would merely be to set up an argument that would entrench people in their views. Jesus tries to take people to another place of discussion that can help them reflect from a different perspective on their views and understandings. To the scribes he makes an argument designed to make them think and reflect. Jesus asks them a philosophical question designed to intrigue and engage them 'How can anyone overcome evil and do the good that I am doing through evil?' Or as Jesus puts it 'How can Satan cast out Satan?' (v23). To his family Jesus, makes an appeal to their knowledge of him and of his integrity. 'You know me,' he says, 'You know that I have to do the right thing, even if you can't accept that. Doing God's will is more important to me than what you think. And if you stop and think about it, you'll want to work with me, not against me'. Or as Jesus says 'Whoever does the will of God is my brother and sister and mother.' (v35).

#### Questions for discussion Jesus's ministry of healing was opposed by his family and the religious leaders, the scribes. If you and your church get involved in seeking to address Ebola, what do you think people might say about you? What wil people say from inside the church and what will people say from outside? Will it all be good or might you experience some opposition? If opposition comes, what form do you think it might take? How can you prepare ahead so that you can answer any opposition, just as Jesus responded to those who criticised him? How can you enable conversations not to be about criticism and confrontation but about enquiry and discussion?

Read Luke 7: 18-23

John has baptised Jesus and been present when the Holy Spirit has descended upon him (Luke 4: 21-22). Despite this, as the Gospel continues, it seems that John nonetheless has doubts about who Jesus is and what he has come to do. He sends two of his own disciples to ask Jesus 'Are you the one who is to come or should we expect another?' (Luke 7:19-20).

That John needs to do this suggests that there are lots of different stories 'out there' about who Jesus is and what he is doing. Some of these may be helpful to Jesus but others may act against his mission. How does Jesus respond to the challenge of the different stories that are in existence? He might have responded by making appeals purely to his own or someone else's position or authority by saying 'You must believe me, I am the Son of God!'. But Jesus does none of these things. Instead he points John's disciples to what he is doing – enabling the blind to see, the lame to walk, etc. (Luke 7:22). Jesus knows that actions speak louder than words and that what he does is the best messenger to speak clearly about the truth that he bears. The same is almost always true of us?

#### Question for discussion

How can your response to Ebola be about more than telling people about the disease? How can your church show by its actions both that Ebola is real, that it demands a response and that you are putting such response into action? How do you think people in your community will respond to your actions of service? How will such service shape their understanding?



#### 4.3 Speaking truth about Ebola with authority and accuracy

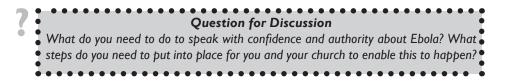
In John's Gospel, Jesus says 'If you continue in my word, you are truly my disciples; and you will know the truth, and the truth will make you free.' The challenge for church leaders during a time of Ebola is to use the strength of our trusted position within the communities in which we serve to help people understand the truth about the infection so that the current outbreak can be brought to an end. Our challenge is both to speak the truth and to be heard to speak the truth. It is to help those who through fear or other motives are holding positions not based in truth to let go of their beliefs so that as communities we can all pull together to take the steps needed to bring infections to an end.

Our ability to speak the truth can be strengthened by a number of actions:

Our response has to begin with respect. None of us respond well being called wrong, stupid or ignorant – even when we are! As discussed in the Bible study on Mark 3 above, when Jesus meets misunderstanding about himself and his work he does not respond with direct confrontation. To do so would only be to pour petrol onto a burning fire and make matters worse. Instead he finds ways to engage creatively with those who disagree with him, entering into a dialogue that enables ideas to be explored and positions to change. We are able to speak the truth most effectively when we thoroughly understand what we are talking about. So take the time thoroughly to understand Ebola as much as any non-medical person can. Develop the ability with confidence and authority to answer people's questions about the outbreak – 'How is it caused?', 'Where did it come from?', 'How can it be prevented?' etc.

Our ability to answer people's questions and concerns is strengthened when we are able to tell people not only what others have told us, but when we can speak of what we have seen for ourselves. So if at all possible, take the opportunity to meet with local medical practitioners to see what they are doing and of how they are seeking to control the outbreak. This will put you in a strong position gently but firmly to refute misconceptions about the activities of medical professionals and to enable people to have confidence and trust in their work. Your interest will also be of great encouragement to those working in health care, enabling you to pastor, pray and witness to them too.

Jesus has authority to speak into our lives because he became fully involved in every aspect of our human condition by becoming one of us. He doesn't speak to us from an external perspective on your situation. He speaks as a participant from within. We need to capture something of this dynamic if we are to be effective in playing our part in controlling Ebola. We earn the right to speak about the outbreak when we can actively show that people that we commit fully to being involved and engaged in responding to its different aspects – its prevention and the care of those affected by it. Such action will speak more than we can say.





### SESSION 5: CARE OF COMMUNITIES AND INDIVIDUALS AFFECTED BY EBOLA



Illness and infection, death and recovery are realities with which all of us are very familiar. For example, none of us are surprised by malaria or gastro-intestinal infections and because of our familiarity; we regard such things as parts of everyday life. We know how to deal with such illnesses and while we understand their seriousness, we don't, by and large, see them as reasons for panic. Ebola is very different. For almost everyone, the infection is something they have never encountered before. As individuals and as communities, we don't have understandings or behaviours that have been formed over time to deal with the infection. As a result everyone is searching for knowledge and answers and it can be difficult to access trusted, accurate information. In such circumstances, rumour and misinformation can easily circulate. Because we know that Ebola kills, the infection generates great fear. Together all these factors make for a toxic mixture that generates a whole range of emotions for both individuals and communities affected by Ebola. These emotions include fear, worry, anger, frustration, confusion, despair and hopelessness.

**Question for discussion** What does it feel like for you to try to offer care and leadership in response to the Ebola outbreak? What are the main issues that are affecting you? What practical steps are you finding it helpful to take where you are?

#### 5.1 The Particular Role of Church Leaders

As church leaders, the particular contribution that we can make towards enabling better care of people affected by Ebola is twofold:

Firstly, we have a role to play for the in shaping the community's response to the outbreak. We need to foster an understanding that encourages people to support those affected by the infection, not to reject them. We also need to help communities maintain local

networks that enable people to work together and to play our part in ensuring that the social fabric needed to respond to the outbreak is maintained and not undermined.

Secondly, we need to offer individuals affected by Ebola (both those infected and their loved ones) care that supports them while they are experiencing infection and also while they come to terms with its aftermath – either bereavement or survival.

#### 5.1.1 Prendre soin des communautés

#### 5.1.1 Caring for Communities

As church leaders, the best ways in which we can support our communities are in addressing the fear and blame that gets associated with Ebola and by demonstrating that the care of people affected is possible, safe and to be expected.

#### 5.1.1.1 Reducing Fear

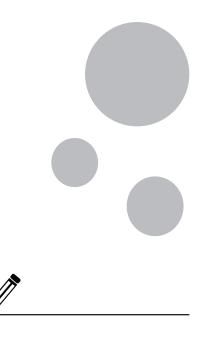
In terms of addressing fear, our best contribution is to be able confidently and authoritatively to keep on stating the facts about Ebola. These are firstly that it is an infection that needs to be controlled, and that Ebola can be brought under control when everyone plays their part in contributing to the measures needed for prevention. Secondly it's important to keep on stating that those who have either recovered from infection or come through a time of quarantine **are no longer infectious and do not pose any risk to the community.** Such people need the community's support and should not be shunned or made the subject of stigma.

#### 5.1.1.2 Addressing the need to blame

Issuing of blame offers little to help the control of Ebola or the care of people affected by it. Blame results in people being stigmatised. In turn that leads only to shame, hiding and an inability to engage openly and constructively with the measures needed either to prevent Ebola or to respond to infections when they happen.

While blame is highly counter productive to the control of the infection, it also reflects the reality that for many people, seeking to find some way of finding reasons for something as tragic as Ebola is a very powerful human instinct. People want answers for why something like Ebola happens. Where information and understanding is limited or uncertain, it's understandable (though certainly not helpful) when people identify causes for the outbreak and for individual infections based not in fact but in conjecture and speculation. Some of the main sources of speculation that lead to blame are that the infection is caused either by conspiracy, or by people's sinfulness (it is God's punishment on individuals for their actions) or witchcraft (it is perpetrated on individuals by the evil of others). Responding to any of these causes of blame poses us with major challenges.

Conspiracy theories stem from people's dissatisfaction with the facts and information (or lack of these things) that have been communicated to them about the outbreak. As was discussed in the session on



communicating about Ebola, where explanations are lacking, others get made up. As the communication session discussed, the best way to stop conspiracy theories is by the regular provision of informed, authoritative, detailed information about the outbreak, its causes and progress and of the steps needed to control it.

With respect to people's understandings of the connection between people's sin and illness, it has to be recognised that the reality is that for many people views are deeply held and strongly contested. Scripture itself contains very different ideas in this area. A number of texts affirming a connection are to be found in the Old Testament. Genesis tells that death came into the world through the disobedience of Adam and Eve (Gen 3). Elsewhere (such as 2 Samuel 12) illness and death are shown to arise as a direct result of a person's wrong actions. In contrast, Jesus himself never makes any connection between sinfulness and illness, rather rejecting that the two are related (see John 9: 2-3; Luke 13: 1-5). Beyond the views of scripture, we live in a world where scientific methods denies completely any connection between a person's morality and their infection with Ebola. At the same time, for many of the people we serve, holding on to the idea of such a connection is a powerful way of trying to establish order in a situation that otherwise feels out of control.

In similar ways, there will be some within communities for whom ideas of witchcraft and sorcery will act as powerful explanations of the why some are affected by the current outbreak. Others will reject such an understanding completely.

Whatever the understandings that exist, responding to Ebola right now demands haste. At this time, it's important to recognise that our immediate challenge is not to seek to shape, in any direction, the deep-seated understandings of a community developed over many years. The challenge is to find ways, within people's understandings, creatively and positively to respond to the challenge of bringing Ebola under control right here and now.

#### Questions for discussion

Why do you think that for some people it is helpful to believe that sin and illness/ evil and illness are connected? As a Christian leader, how can you work for the best through the different understandings that exist to support your community's ability to respond to Ebola right now?

#### 5.1.2 Caring for Individuals affected by Ebola

#### 5.1.2.1 Care during infection

A person infected with Ebola faces an enormous array of challenges. Just some of these include the sheer physical discomfort of being desperately ill, the disorientation of being separated from familiar places and people, the shock of being surrounded by carers dressed in protective outfits, the fear of death itself. The loved ones of a person who is infected will face many challenges too, including among others the fear of death, the concern that a person is suffering unloved and uncared for, worries about the family's livelihood and future, isolation



by neighbours worrying that the affected person's contacts are a source of infection.

The pastoral challenge is to do everything that can safely be done to hold an infected person and their family in a community of care, concern, love and remembrance. Creative thinking is needed to make sure that a person isolated with Ebola knows that they are not forgotten and that their family and whole community are missing them, thinking about them, praying for them. Similar creativity is needed also to support the loved ones of the infected – offering practical support to maintain the home, listening and care in the ace of extreme anxiety and worry, active responses that stand against any tendency of neighbours or communities to stigmatise, blame or shun those affected.

#### 5.1.2.2 Care after Infection

The outcomes of Ebola are that a person either dies or overcomes their infection.

A person who dies needs to be buried both safely and a reverently as possible. As was discussed in section 3, holding safety and dignity together in a time of Ebola demands considerable thought and excellent communication between all involved – the family and local medical staff.

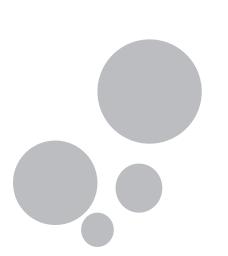
A person who overcomes infection with Ebola faces a multitude of challenges. For some time they are going to be physically weakened by the effects of infection. Ongoing debility may happen. Practical support for survivors and their families will be needed. At the same time there is the challenge of having overcome a near death experience that will need over time to be talked through and come to terms with.

A person who has overcome infection and their family are likely to face stigmatisation. There will be concerns about whether they are safe to be with, incapable of infecting others. There may be suggestions that the reason that they were affected relates to them being 'bad people' or subject to the malice of the evil. The action of churches leaders and members to include and embrace those who have survived Ebola witnesses powerfully against all such acts of blame and rejection.

Questions for Discussion Name the practical actions that your church could take to care for people affected by Ebola. Who are the people who should be involved? What training or assistance would they need? 5.2 Bible Study

#### Read John II: I-44

John II tells the story of the death of Lazarus and of his being brought back to life by Jesus. The text can be read in many different ways. Here, the invitation is focus on the impact of illness and death on a family, a friendship and a community. What do we see in this passage



that can help us think about how best to help those with Ebola. The first verses of chapter II (vvI-I4) make clear that a person's illness does not happen in isolation. Lazarus falls ill – a concern to his sisters Martha and Mary, an issue for Lazarus's friend Jesus and the people who surround him, and a matter that affects Lazarus's home community of Bethany.

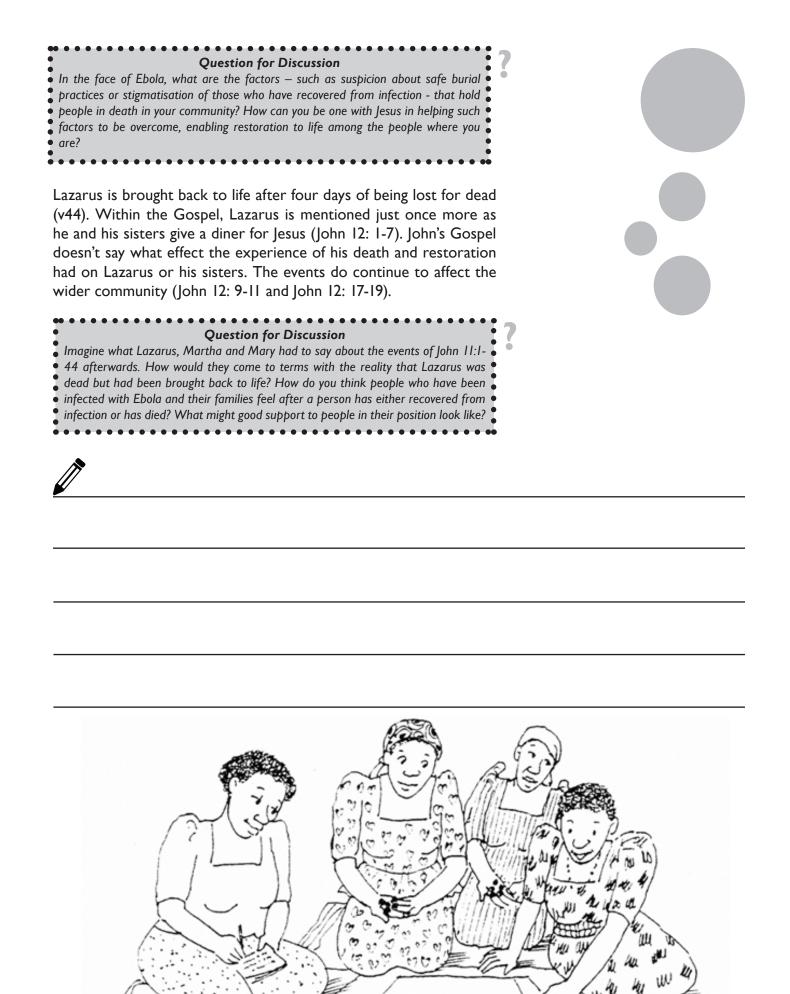
**Question for Discussion** Imagine that a member of your church has developed an intense fever and on being tested shows positive for infection with Ebola. Draw a network of all the relationships and connections this person has within the community where you live. As a person of influence within the community, what steps can you take to enable the different interactions that exist to be positive and supportive rather than negative and undermining?

By the time that Jesus makes it to Bethany, Lazarus has been in the tomb for four days. His passing is a public matter (v19 -'many of the Jews had come'). His passing also acts to shape the relationships that exist between Jesus and Lazarus's sisters, Martha and Mary. Both sisters first comment could be read as recrimination and potentially the cause for an argument (see v21 and v32 where each sister says 'Lord, if you had been here, my brother would not have died.'

**Question for Discussion** Describe the different approaches that Jesus makes to the sisters' opening words to him. How does he avoid confrontation and open a space for a different kind of engagement. In the community in which you serve, what do you expect people's first comments about Ebola to be. How can you shape the discussion where you are so that it leads not to argument and controversy but to informed engagement and constructiveness?

Jesus faces a situation where the only outcome possible appears to be death, loss, mourning and grief (vv38-39). No one wants him to open the tomb. No one thinks he can do anything. Yet into this situation Jesus acts through his power to bring life, healing and restoration (vv40-44). The stone that seals the tomb is rolled away. Lazarus is commanded to leave the tomb and is restored to life.





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