



**COUNCIL OF BISHOPS**  
THE UNITED METHODIST CHURCH

November 7, 2014

## **Responding to the Ebola Crisis**

To the People of The United Methodist Church:

The Ebola outbreak in three countries of West Africa is one of the most threatening health crises of our day. As of November 7, 2014, more than 13,000 cases had been reported with almost 5,000 deaths. United Methodists are always responsive to human suffering as is the case with Ebola, and our response is without regard to race, nationality or creed. As it happens, Guinea, Liberia, and Sierra Leone, the countries most affected, are within our church's connectional system; Liberia and Sierra Leone are each an annual (regional) conference and one district in Guinea is part of the Liberia Conference, giving us a front-line opportunity and responsibility for palliative and preventive service. The United Methodist Committee on Relief and the Global Health Unit of the General Board of Global Ministries are at work on the ground in collaboration with the health boards and episcopal leaders of the Liberia and Sierra Leone annual conferences.

The United Methodists of Guinea, Liberia and Sierra Leone are strongly committed to efforts with their neighbors of all faiths to safely confront and control Ebola. They invited their fellow Methodists around the world to join in this essential ministry of compassion and healing. This is an international and interfaith cause.

The severity of Ebola is so great that special care must be taken to confine the disease and to prevent its spread to health workers. And there is great fear associated with the possibility of transmission to unaffected areas through international travel.

Fear is understandable in the face of Ebola, and nations unaffected, or minimally so, are right to exercise diligent care in dealing with travelers from affected areas and with health workers returning from Guinea, Liberia, and Sierra Leone. Yet fear sometimes leads to unnecessary stigmatization of any persons from or believed to be from those countries or even coming from other parts of Africa. We hear increasing calls for travel bans against citizens and even health workers returning from the three countries to their home countries. A few governments have banned travelers from those countries and others are considering full or partial bans. Some political leaders in the United States have urged President Barack Obama to impose a ban. Questions have been raised in our own US church about the advisability of missionaries from any part of Africa visiting congregations in the US through our regular program of itineration.

None of our missionaries in West Africa have become infected by Ebola and we pray that this remains the case. Three missionaries, who were in the US when the outbreak occurred, are returning on their own choice to Liberia this month.

While prudence is required with regard to travel from affected countries, we caution against travel bans, which have been judged by airlines to be unenforceable and by health authorities as likely to severely restrict the movement of overseas health workers in and out of Guinea, Liberia and Sierra Leone. As many as 5,000 such overseas workers are needed at any given time to bring Ebola under control.

We also question the imposition of blanket quarantines of persons, especially health workers and others engaged in the fight against Ebola, in the absence of symptoms or direct contact with those infected. [Bishop Yambasu of Sierra Leone decided against attending an early November meeting of the Council of Bishops in Oklahoma because of the likelihood of a 21 day quarantine, which would have delayed his return to the work of organizing his church to take part in ecumenical efforts to stop the spread of the disease.] Quarantines should be required on a case by case basis when medically required and then implemented with a great sense of respect.

President Obama in a meeting with leaders of religious relief and health agencies on October 30 urged faith groups to work within their communities to overcome fear and stigma. He was firm in the belief that stigma and fear have no place in a situation where health workers and others are putting their lives on the line to serve the afflicted and ensure the safety of all by seeking to contain the spread of disease.

We urge all United Methodists to be realistic and diligent in confronting fear and stigma as our brothers and sisters in West Africa are in a front-line encounter with Ebola. Self-protection should become an example for other persons.

United Methodists practice “open hearts, open minds and open doors,” especially in times of crisis when we are called to offer compassion to our sisters and brothers who are suffering, and support to those who walk with them.

Faith communities have a special responsibility to stem fear and stigma by providing or directing persons to accurate information that can enhance their understanding of both Ebola and means of self-protection without stigmatizing. Accurate information that increases understanding and decreases stigma is a matter of urgency, justice, and fairness for all members of our human family.

Our Global Ministries agency is preparing or directing our congregations and members to such reliable information on Ebola in collaboration with international faith-related health and relief organizations.

As a caring community of people, we pledge our continued and unreserved support to work with the governments and our partners in the fight to eradicate Ebola from West Africa.

Our hearts go out to families, communities and all those suffering as a result of the epidemic. We assure them of our prayers for divine assistance as they go through this period of pain, trauma and grief.

In God's mission together,



Bishop Warner H. Brown, Jr., president  
The Council of Bishops  
The United Methodist Church



Thomas Kemper, General Secretary  
General Board of Global Ministries and the United Methodist Committee on Relief  
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Bishop Hope Morgan Ward, President  
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