

CENTERS FOR DISEASE CONTROL & PREVENTIION (U.S.)

Moderator: Annie Tran
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2:00 pm ET

Coordinator: Welcome everyone, and thank you for standing by. All participants have been placed on a listen-only mode until the question-and-answer session.

To ask a question, please press star 1 on your touchtone phone.

Today's conference is being recorded. If you have any objections, please disconnect at this time.

I would now like to turn the conference over to Annie Tran. You may begin.

Annie Tran: Good afternoon, everyone. My name is Annie Tran, and I work with the Outreach Team in CDC's Emergency Operations Center. I'm so pleased to welcome you all to today's call, the second in a call series to partner with you all, the members of the West African community in the United States.

CDC will be hosting these calls twice a month on the second and fourth Tuesdays of the month at 2:00 pm Eastern, and you can use the same call in information that you used today to join these calls.

I'd like to mention that this call will be recorded and later posted onto CDC's website. So if you happen to miss one of these conference calls or if you wanted to share this with a friend or a family member or a colleague, you can visit CDC's website later and listen to a recording of the call or read the transcripts.

So a few weeks ago we had the first call in the call series to provide an update of the Ebola outbreak. Today's call will focus on stigma in the Ebola outbreak. And we are thrilled to have Dr. Becky Bitsko from CDC with us. We'll hear a presentation from Dr. Bitsko before opening the line for your questions comments and to hear from you guys.

So through the presentation and through the questions and answers with the folks on the call last week, we learned a lot about the current state of the Ebola outbreak and what some of the concerns were among members of the West African community, and we're hoping to have the same level of engagement and participation from you guys today.

So if you have any questions about today's topic or a suggestion for future topics or just wanted to provide us with some feedback, we'd love to hear about it. And there are a couple of ways that you can do that. You can always e-mail us at emergencypartners@cdc.gov. That's E-M-E-R-G-E-N-C-Y-P-A-R-T-N-E-R-S@cdc.gov. And please feel free to e-mail us right now if you have any questions for today's call.

And another way is by joining these conference calls and asking questions when we open the lines. And we'd love to hear about your stories or anything that you want to share about what's going on in your community. And the operator will tell us how to do that later on.

And so with that, let me introduce you to today's speaker and let's get started. So today's speaker is Dr. Becky Bitsko, and Dr. Bitsko is a health scientist at CDC in the Division of Human Development and Disability where she conducts research related to children's mental health and neurobehavioral disorders.

Becky is the vice chair of CDC's Mental Health Work Group and has served as the co-lead on the Mental Health team in CDC's Emergency Operations Center during this Ebola outbreak this month. The mental health team has been working with groups across CDC and the Emergency Operations Center to address stigma related to Ebola.

Dr. Bitsko, please go ahead with your presentation.

Dr. Becky Bitsko: Thank you, Annie, and good afternoon and thank you to everyone on the phone for joining us today to talk about the important topic of stigma.

Stigma commonly comes up in our emergency responses at CDC, and the current Ebola response is certainly no exception. Because of this, there have been many of us from across CDC who have worked together on different aspects of stigma related to Ebola.

We are really happy to have the opportunity today to share our experiences, but even more so, to hear from you about your experiences.

For the presentation today, I'm going to start by defining stigma. I'll share some examples of stigma that we have seen during the current Ebola response, discuss some potential consequences of stigma, and finally share some strategies to address or potentially prevent stigma.

Along the way, I'll share some of the activities that CDC has been involved with around stigma. We'll then open the phones to hear from you about your different experiences within your community and ways that your community has addressed stigma.

So first to define stigma. Stigma involves stereotyping and discriminating against an identifiable group of people, a product, an animal, a place, or a nation. Stigma can occur when people associate an infectious disease, such as Ebola, with a population, even though not everyone in that population or from that population's region is specifically at risk for the disease. So for example, West Africans living in the United States, in the case of this Ebola outbreak.

Historically, there are a number of examples of stigma that have been associated with infectious disease. For example, we saw stigma toward people of Asian descent in the United States during the 2003 Severe Acute Respiratory Syndrome, or SARS, epidemic. And stigma around HIV/AIDS continues towards gay and bisexual men, people who inject drugs, and towards other groups.

Stigma around disease is based on a fear of the disease being transmitted by a certain group of people. When a disease is rare and deadly, like Ebola, fear and worry about the unknown are common and can lead to the spreading of gossip and rumors that are not based on fact.

This lack of knowledge about the disease, a lack of trust, or superstitions about the disease, as well as misinformation can increase fear as can uncertainty about a disease. For example, when information changes rapidly about the disease or about the epidemic or when the information appears to be changing, for example, based on media reports. This fear can result in stigma

and lead to the exclusion, blaming, or devaluing of people feared to have the disease.

Stigma has occurred during previous Ebola epidemics, and, as you're all likely well aware, as occurring during the current largest Ebola epidemic in West Africa. In this current epidemic, we've seen stigma towards three primary groups of people: either West Africans living in the United States, healthcare providers and public health workers who have supported the Ebola response, and Ebola survivors and surviving family members who are living in Africa.

I want to share a few specific examples of stigma that have been reported during the current epidemic, although we know there are many other examples and I imagine many callers will be able to share more details and insight than I will provide right now.

So just briefly, some examples of stigma within the United States have included things like West African business owners reporting that they have lost business, for example restaurant owners, due to the fear of Ebola. Children have been told not to play with children of West African descent or even children who might have appeared to be of West African descent, regardless of whether anyone from the family had even traveled to West Africa.

There were reports of students from West Africa being denied admission to a U.S. college. U.S. responders who traveled to West Africa to help fight the epidemic have returned home to be rejected by friends and family, and in some cases their children have even been asked not to attend to school. You are likely aware of many more examples.

There's also ongoing stigma in West Africa. Again, I'll share a few examples of that. We have heard about significant concern about sexual transmission of Ebola through semen. We have heard about situations that survivors who have sex with their partner and then when the partner becomes sick, the survivor is deemed to be the source of the infection and is punished. There have been survivors who have been imprisoned because they were accused of having sexual relations, even though there was no documentation of transmission occurring.

We have also heard several reports of people who fled their communities when they became sick because they feared stigma or actual punishment. Likewise, we have heard of survivors seeking healthcare for non-Ebola issues and being turned away.

Also there seems to be an additional layer of stigma around healthcare workers who are also survivors, because good doctors don't get sick, and so what kind of a healthcare worker are they if they got Ebola. And there's the story of the healthcare worker survivor who is denied by their own co-workers to ride in the hospital transport from the home village into the clinic.

The national messaging in the affected countries from the start has been that survivors are heroes and they should not be discriminated against, but in the towns and villages, the stigma continues. So there are discrepancies between the national message and action/reaction in the community.

In fact, this is not so different from in the U.S. where as a nation we see our responders as heroes, but individual responders have returned to significant stigma in their communities.

Now I want to talk briefly about some of the potential consequences of stigma. On an individual level, stigma can cause chronic stress, which is linked with poor health, and as in the examples I mentioned, it can hurt people's business, family life and education.

In addition to hurting individuals, though, stigma can also harm the ability to control the epidemics. First the concern about being stigmatized can cause people to deny symptoms of an illness and therefore to not seek proper medical care. Second, the potential for being labeled at risk may discourage people from working to help control the outbreak, people like healthcare workers and public health officials.

Third, stigma towards survivors has been seen in previous Ebola epidemics and in the current epidemic. Survivors may not be allowed to return home. They may be abandoned by their family or not allowed to attend the local market. A fear of quarantine and a lack of adequate provisions, including food or water during the quarantine period, have led to some people staying home instead of seeking care, thus there are a few different factors leading to the concern that stigma is impacting the ability to contain and extinguish Ebola.

Now I want to turn to talking about strategies to help reduce stigma with a focus on effective risk communication strategies. While rumors and inaccurate information can lead to confusion, fear and stigma, reliable, credible information presented using risk communication strategies, can help ease concerns and reduce stigma.

A key resource for understanding some of the key principles for risk communication is the [CDC Crisis and Emergency Communication Manual](#). I'm going to review five steps of five key factors to consider in risk

communication for combating stigma. As I describe these factors, I will also share some examples of messages that can be used to help address stigma.

First, it's important to acknowledge fear and express empathy. If people are afraid or worried, it is important to acknowledge their feelings first, tell them it is okay and natural to feel this way. Acknowledging what people are feeling and the challenges they face helps build trust.

Messages around acknowledging fear could be something like 'it's normal to feel worry and fear when something is unknown. It can be scary, but we can use that fear to learn what we can do.' Or 'being concerned or worried about your risk is normal. The best way to handle your concerns is to get the facts.' Or 'if you are worried or have questions, educate yourself about Ebola using credible sites.'

I'd also like to recommend a couple resources understanding fear around infectious disease generally and Ebola specifically. The Substance Abuse and Mental Health Services Administration, or SAMHSA, has a resource on [coping with fear during infectious disease outbreaks](#). And the Red Cross has a one-page resource that is more specific on [managing fears of Ebola](#).

After acknowledging fear, the second step is to provide clear information in a timely manner. We need to explain the facts in plain language that people will understand. The CDC website has information on Ebola for different audiences, including healthcare providers, parents, schools, businesses and the general public.

When providing information, it's important to communicate early the risk or lack of risk from associations with products, people and places to raise awareness of a health issue, in this case Ebola. It's important to describe

unfamiliar terms so people understand what they mean. Active monitoring, for example, means that someone may have some risk of exposure to Ebola and are being watched for symptoms. It does not, however, mean that the person is contagious.

Finally, provide contact information or credible resources for people to learn more on their own. Some examples of messages providing information include: Ebola can only spread when a person starts to show symptoms of the disease.

Until a person shows signs of illness, they can't infect anyone else. Only those people who are directly exposed to the blood or body fluids of a person who is sick with Ebola can get Ebola. You cannot get Ebola by talking to people, walking in the street or shopping in the market as long as you don't have contact with an Ebola patient's blood or body fluids.

Third, it's important to be credible. This includes being honest and not being afraid to say what you don't know, but also make sure to say what you will do or what you are doing already to find an answer. For example, 'we don't know if the outbreak is really slowing down, but fewer cases have been reported.'

Some more examples of messages are - well prior to that, it's important to share accurate information about how the virus spreads, and if someone recently traveled to West Africa, they do not put others at risk if they don't have symptoms of Ebola.

You can also share that someone living with an individual who is being actively monitored is not at higher risk of getting or spreading Ebola and that it is safe to go school or work with a family or household member of someone who's being actively monitored

Another factor or step to include is to promote action. Giving people meaningful things to do can calm anxiety and can promote a sense of control. Giving people choices can further increase feelings of control. For example, if someone dies of Ebola, you can say that you must do, A, one thing for example, do not touch the body; you should do something, B, for example, pay your respects to the surviving family members while keeping a distance; or you could do, C, something like offering food to a surviving family member.

Other ways to promote actions are to do things like reminding people about maintaining healthy behaviors like handwashing or things like reminding people to get their flu shot. Other healthy behaviors like eating well and exercise can help reduce fear and stress. You can share the need for social support for people who have returned from the region or are worried about friends or relatives in the affected region. And tell people that they can help with the response by staying alert for any updated messages and any changes in the messages.

Finally, it's important to share respect. Again, respect will promote cooperation and trust and is especially important when people feel vulnerable. Try to learn about culture and customs of people from other countries to help you to better explain why something different needs to be done.

Part of showing respect involves maintaining privacy and confidentiality of those who are seeking healthcare and those who might be part of any contact investigation. It's also important to speak out against negative behaviors, including negative social media statements about groups of people or exclusion of people who pose no risk from regular activities. And finally, be cautious about the images that are shared. Make sure that they do not reinforce stereotypes.

Next I want to share a few specific examples of messages that are a bit more specific. And first this includes some messages specific to stigma toward people from West Africa or maybe even Africa more generally living in or returning to the U.S.

Like North America, Africa is a big continent with many countries, but only three of these countries have large Ebola outbreaks. Just because someone is from Africa or even one of the three affected countries in West Africa doesn't mean that they have been exposed to Ebola. Just because a person traveled to one of these countries, even if they were there to provide care and help, it doesn't mean that they were exposed to or even interacted with anyone who had Ebola.

Ebola is caused by a virus, not a person. People born in West Africa are not more at risk for Ebola than anyone else. Viruses cannot target a particular population. People from West Africa are probably worried and anxious about their families and friends in the region. They need our support and understanding.

In response to some of the stigma occurring toward West Africans living in the United States, the CDC posted two resources online. One is titled [Ebola Information for West Africans Living in the United States](#), and this includes some messages around stigma. And the second is [Ebola Information for Leadership of Volunteers Working with West African Communities in the United States](#). And both of these include some of the strategies that I mentioned.

And next there are also a few messages that are more specific to the West Africa Ebola epidemic areas. Ebola is a hard thing for all of us to face. We

know that many people are scared and our hearts go out to every family who has lost someone to Ebola.

Although we all know that Ebola kills, people who get quick, proper treatment when they develop symptoms of Ebola have a better chance to survive. Help convince your family members to go to an Ebola treatment center if they have symptoms. People who become sick deserve the best of our efforts. We all have a role to play.

Another key resource that's a little bit more specific to the epidemic area and has some great suggestions of messaging and ideas for psychosocial support is by - a resource by the International Federation of Red Cross and Red Crescent Society, and it's titled [The Psychosocial Support During an Outbreak of Ebola Virus Disease](#).

And a few messages that were included in that report include 'if your neighbor gets Ebola, they are still your neighbor. They are still human beings, friends, brothers and sisters. Someone who is sick will need your help. They may need your help with small things like bringing food, bringing water or other things. Even with Ebola, you can do these things if you don't touch the sick person. Keep your distance and only go into the house if it safe according to the local security guidelines.'

'Someone who has lost someone they love also needs you. Say hello, ask how they are doing, and talk to them. Let them know that they are not alone.' This makes their minds strong to fight their sorrow.

So I hope that within these messages that you can hear the components of the risk communication strategies to mitigate stigma, the acknowledgement of

fear, the providing of information, making sure to be credible and to promote action that is in line with curbing the epidemic, all while showing respect.

I want to mention a few additional resources. One is from the Department of Justice Civil Rights Division, and they issued [guidance on protecting civil rights while responding to the Ebola virus](#). CDC also has some guidance for schools and businesses, so the school's is titled [Addressing Ebola Virus Infection Concerns in K to 12 Schools: Interim Guidance for District and School Administrators](#). And one of their key points is along with preparing, is that educators should prevent discrimination and counter stigma, harassment and bullying related to the perception of Ebola risk.

CDC also sent letters out to Georgia schools in response to stigma being noted among CDC responders and other responders returning to Georgia. And these letters explained the risk in the monitoring and were later shared with other states and other returning responders.

The other document for businesses is [Interim Guidance for U.S. Businesses, Employers, and Business Travelers to Prevent Exposures to Ebola](#). And again, one of their key points within the guidance is to educate employees to not stigmatize people from West Africa or Africa.

Finally before we open the lines I want to mention a couple of resources for people who may be experiencing significant stress or anxiety. The SAMHSA disaster distress help line is available by phone and by text with trained personnel to talk about fear or other strong feelings about Ebola. Their number is 1-800-985-5990 or you can text Talkwithus -- one word -- to 66746.

SAMHSA also has a suicide hotline, which we encourage you to use or share if you or a friend has feelings of hurting yourself or them self. And the suicide hotline number is 1-800-273-TALK, and that's 1-800-273-8255. And both of those numbers are available 24 hours a day.

So thank you and I will hand this back over to Annie.

Annie Tran: Thanks for sharing that information with us, Becky. I feel like I'm a little bit more knowledgeable about the effects of stigma, and now I feel a little bit more equipped to talk to my friends and family members about strategies to mitigate stigma and kind of make sure that they're not unintentionally stigmatizing other people.

So now I'd like to hear from all of you guys on the call, your stories, your experiences, anything you want to share with us on this topic. And before I open the lines to hear from you guys, I'd like to remind everyone that today's conference is being recorded and that a transcript of the call will be posted online. And in addition to Dr. Bitsko from CDC, we also have some friends from USAID that are available to help answer questions on the call today too.

Operator, can you tell the audience how to ask a question?

Coordinator: Thank you. At this time if you do have a question, please press star 1 on your touchtone phone. You will be prompted to record your name. To withdraw your question, you may press star 2. Once again, that is star 1 for any questions or comments please.

Annie Tran: And while we're waiting for some questions to queue up the phone, I have a question that was asked via e-mail. And if someone does want to ask a

question via e-mail, you can send that to us at emergencypartners@cdc.gov. And this is one of the questions that came in via e-mail.

It says, "Hi, I've been very active in Ebola sensitization, advocacy and even lobbying here in the United States for my country of ancestry, Sierra Leone. I'm interested as to what are you already doing in terms of de-stigmatizing the effects of Ebola and whether it is limited just to the U.S. or not. And as a follow up, I've also been in touch with the Department of Minority Health, and we plan to do something with them. But what are you planning around what they do to help minimize stigma in Ebola countries, especially the African countries in general facing the U.S. or globally?"

Becky, would you mind tackling that first question as to what it is that we're doing in terms of de-stigmatizing the effects of Ebola and whether or not it's limited to the U.S. or not?

Dr. Becky Bitsko: Sure. It's absolutely not limited to the U.S., and part of what we're doing is trying to educate our own responders who are many of them going into the affected countries and sharing these messages so that they can share them and return their sharing examples of stigma so that we can refine messages and help to work to address stigma.

And of course also working through some of these steps and strategies with acknowledging the fact that people are scared and that trying to get information about what is really going on. There is sometimes fear that when people are taken away to a treatment center and they don't come back, what's happening? And so trying to educate or not educate but inform people about exactly what's going on and being transparent to help alleviate fears and provide information either to people directly or through trusted leaders in the local areas.

Annie Tran: Thanks, Becky. And for the second part of the question what are we doing around minimizing stigma to help minimize stigma in Ebola countries, sorry - minimizing the stigma Ebola countries face, Molly, can you answer that part of it?

Molly Gaines-McCollom: Absolutely. And this is Molly Gaines-McCollom, also with CDC. So I want to reiterate part of what Dr. Bitsko just said, that one of the best ways to counter stigma is through providing correct information and education.

And so of course one of the major ways that we address stigma without, you know, necessarily even saying we're addressing stigma in the three affected countries is just by sharing the best up-to-date information that we have. And that helps people reduce some of that fear that might lead to stigma, helps people take back a little bit of the control, and so hopefully does indirectly reduce stigma.

But then in addition, we do have very specific projects that we are conducting in the three affected countries specifically to counter that stigma. A couple of examples, one of which is in Sierra Leone, there is something called the Big Idea of the Week. And what they're doing is, every week the response partners kind of pull together and decide what is one major communication focus that we want to have during this week that we can all work together on.

And one of their big ideas of the week was exactly anti-stigma and ways that stigma could be combated in that country. We have been working in the three countries for mass media messaging about stigma, so talking on the radio, using SMS, and they're pulling together a plan to address stigma beyond mass media as well.

And then I'll also say that in countries we're also working with partners to really work with the survivors of Ebola, to hear their stories and really put a human face to this horrible, horrible tragedy.

And then finally I'll say that all CDC materials are reviewed just to make sure that we don't inadvertently contribute to the stigma, to make sure that we are representing all ethnicities, all people, because as we know, Ebola does not discriminate by ethnicity or by country of origin, it's an infectious disease. It affects everyone equally. So we certainly look at that.

Annie Tran: Thanks, Molly. Operator, do we have any questions on the phone today?

Coordinator: Yes. The first question is from Amadu Massally. Your line is open. Please check your mute. We're unable to hear you.

Amadu Massally: Yes, I was on mute, sorry. Part of my question has already been answered with regard to the responses because I sent an e-mail earlier. However, I'm also concerned about stigma within the United States and the U.K. or the West in general. While stigma I mean has been addressed in Sierra Leone, it's also important I think those of us who live abroad, Sierra Leoneans or Africans in general, we also face probably worse hostile stigma than those in country.

So how are we going to address that within the United States for example where I live with my family and also in other parts of the western world? How to address stigma in the United States?

Annie Tran: Thanks for that question. Dr. Bitsko could you respond to that?

Dr. Becky Bitsko: Sure. I mean I think it's going to be - it's a multilevel approach to addressing stigma, and that's certainly part of the reason that we're having this call is because we're aware of the stigma and we wanted to hear from the community about ongoing stigma and what's happening and if there are - if you have found effective strategies to address it, and then to share some of these messages on how to address it.

We have shared information and created information, as I mentioned earlier, for specific populations where we have been aware of problems around stigma, so around some volunteer organizations that needed support and having their volunteers continue to work with people from West Africa, and we've communicated with those groups.

And so it's sometimes at a local community level, but we're also trying to share this information broadly. And I imagine that probably Molly or someone else has a little bit more to add.

Molly Gaines-McCollom: Sure, this is Molly. And I just - I really want to thank you so much Amadu for that question and acknowledge it's a huge problem. We really are aware of that, and obviously I know that you're very aware of that as well. And so as Dr. Bitsko said, it really is difficult for us to tackle this. And a lot of the ways that we're trying to do that as I kind of mentioned in my first comments are just to make sure that we're getting the correct information out and also really putting a critical eye on our own materials.

So I'll just give a brief example of something that we really look for, which is when we show pictures as part of our infographics for our posters, it's really important that we don't just show people in those pictures who appear like they've come from West Africa, because that inadvertently gives the idea that

only people from West Africa, or again appear West African, could be affected.

So, you know, one of the ways that we try to combat it is just by not reinforcing it ourselves. But again, to echo what Dr. Bitsko said, we're really interested in hearing about, for those of you within this community, what strategies you have used to effectively counter the stigma or any stories that you have where you feel like there's anything that we could do to assist the stigma.

The truth of the matter is it's a huge issue and it's very difficult for all of us to tackle, but that's not to say that we shouldn't. I think it's really important that we work together in partnership to really take this on.

Amadu Massally: Can I add to that suggestion?

Molly Gaines-McCollom: Please.

Amadu Massally: I think a lot of the stigma that we face here within in the United States as Africans comes from, you know, the healthcare areas or schools, and I've heard one or two examples about some people being denied rental property because they knew they were from Africa somewhere.

So I'm not sure how we do it, but I think these are three major areas that we can target the education or stigmatization around Ebola, how do we get them into the schools, how to get them into hospitals or healthcare facilities, and also through real estate, rental and just homes, I don't know. But I think these are the areas that we should really target with regard to the message or whatever message that we'll put out there.

I've also had some discussions with the Department of Minority Health, Dr. (Nadim Glassier), and I'm not sure how you guys are working together to synergize your efforts. If you want to touch on that, that would be very helpful for us.

Molly Gaines-McCollom: Sure. This is Molly, and I'm going to take the first stab at your comments. And thank you. Those are very good concrete suggestions. One thing that I can say is with regard to schools, and we're talking domestic, United States schools, that we do have some guidance up on our website for K through 12 and for colleges and universities on the subject of Ebola and schools. And that really is meant in part to address some of these issues of stigma and lack of access. So that is something that I know is up and it's available on our Ebola website

I think you're correct. You know, we do at CDC have some guidance about healthcare. We should certainly really look into that and make sure that we include a lot of anti-stigma messages there. I think you're absolutely right on about that.

And I will just say from my part of CDC I am not aware of how we're working with the Department of Minority Health, so I'd have to find out that information and get back to you.

Amadu Massally : Sure. Thanks.

Annie Tran: All right. Thank you to everyone. Operator, do we have any other calls on the line?

Coordinator: Yes. The next question is from Ronke Luke. Your line is open.

Ronke Luke: Hi. Thank you for this call. I know that the CDC has openly supported the resumption of schools in Sierra Leone, Guinea and Liberia, and I guess one of the reasons is they feel that if the children go back to school, some of this education and I guess maybe issues of stigma, et cetera, could be addressed in the school setting. But I really wonder how much the CDC has been on the front line, if anybody has visited any schools, because I can tell you we know for a fact that in Sierra Leone and Liberia, securing water is a problem.

And if you can't even have water to have the wash basins, the wash stations at the front entrances of the schools, how do you ensure a safe environment? Liberia has open schools, and we know that there are least 300 schools that have no wash stations, and yet, you know, people are coming from all over and they're going to be in a situation where we're dependent on honesty of people coming to school that there are no Ebola cases at home

Further, the guidance that's been developed by UNICEF has, you know, school administrators and teachers responsible, you know, to for example it talks about if somebody dies from Ebola in school or if there's vomiting or diarrhea, that, you know, people in street clothes giving guidance as to how to clean up bodily fluids that healthcare workers wear moon suits to clean up. I find it quite amazing.

So I want to know, has anybody from the CDC actually been to a school? Do you know how schools operate in these places? And what guidance do you give to people at the front line who are opening schools and yet there's no water to wash hands?

Annie Tran: Thank you, Ronke, for that question. I know we talked a little bit about this on the last call that we had with - or the first call that we had in this call series. Dr. Bitsko, can you respond to that question?

Dr. Becky Bitsko: I can just give it a small start, because this is a little bit further away from my area of expertise. But certainly the benefits to having schools open including other aspects of promoting children's wellbeing and keeping children safe from potential violence in the community, if that might be occurring.

But as far as the other aspects, I think I'd rather hand it over to someone else or have us get back to you.

Ronke Luke: I think this - I don't know if I'm still on, but this a major concern. I will accept all the theory about the wellbeing of children back in school, but I'm on the front line operating a school and yet, you know, the logistics of what we're going through right now to ensure that we will have water is not trivial. And we still don't know if we'll have the water.

And yet still I have no indication that the folks who are actively supporting opening schools, you know, the CDC's voice is very influential, have actually understood what it is taking. And for Liberia to reopen and we know that there are schools that cannot deliver water is quite shocking to me. It's not nothing.

Molly Gaines-McCollom: May I jump in? Yes, and Ronke, this is Molly Gaines-McCollom again with CDC. And first off, I really want to thank you so much for bringing this up again. This is a huge issue. It is not nothing, as you have said. And also, you know, we received your e-mail that you sent to emergencypartners@cdc.gov, and we have been working on a response and some resources for you. And of course we'll make those available to anyone who needs them.

Let me take a little bit of a stab at some of your question. So the first thing, obviously everyone agrees keeping schools open is critically important for

children's wellbeing. As you've said, everyone agrees on that. But, as you've noted, there are a lot of issues at play when we talk about keeping those schools open or opening them up to begin with.

And we're talking about three countries. We're talking a bunch of different schools. And as you've said, they have various levels of preparedness. Some schools don't have access to the same level of safe water as other schools, and that's something of which we are very, very much aware.

So I will say that we have developed with partners some guidance for safe school operations in countries with Ebola. And as part of that guidance, there is specific guidance on how to have correct hand hygiene regardless of water supply. So for instance, schools without direct water supplies, can set up tippy taps, you know, the kind of container that dispenses water that students can use to wash hands, but obviously the schools have to fill the dispensers.

So we have a little bit of guidance. I won't say that we can go and say that we've solved every problem, but yes we are very, very aware that this is an issue.

To your question about, let's see, the guidance about school teachers handling sick children with civilian clothing while medical personnel wear moon suits, there are just a couple things I'd say to that. One is that among children in schools, most symptoms that they have are going to be caused by something other than Ebola like Malaria, and in hospitals and emergency treatment centers, it's much more likely that people with fevers have Ebola, so that's one reason maybe for a difference in personal protective equipment.

But again, we do have some of that guidance for safe school operations in countries with Ebola. And the guidance in there is not for teachers and other

school staff to handle ill children, but it is for them to move those children without touching them to an area away from others until the appropriate help arrives.

And then that guidance also includes instructions on how to clean up spills of bodily fluids, including what kind of protective equipment such as gloves the school should have.

So I'm aware that that doesn't fully address all of your concerns, but I just want to make you aware that it is something that we are really working on with a number of our experts.

Ronke Luke: Thank you very much for that reply, and we are anxiously looking forward to concrete guidance. I mean, all the guidance I have seen so far I get through back channels just because everyone, you know, is working out who they know where, et cetera. We have not seen anything officially from any of the partners, from any of the ministries yet, or at least from the Ministry of Education in Sierra Leone. And so there's great concern.

March is upon us. The government says school should reopen in March, and we need to get things in place. So as soon as this guidance can be made available to those of us on the front line so that we can start doing training, et cetera, we will be most grateful. So thank you very much.

Molly Gaines-McCollom: No. thank you. And again, thank you so much for reaching out to us. You know, we really welcome that. We would love to have some continued conversations with you. And of course, as soon as this becomes available or we have anything that we feel could help you, we will be absolutely sure to reach out.

Ronke Luke: Thank you.

Coordinator: Thank you. As a reminder, if you do have any questions or comments, you may press star 1 on your touchtone phone.

The next question is from Monique. Your line is open. Monique, please check your mute.

Monique Tuyisenge-Onyegbula: Oh yes, I was on mute. Thank you. Thank you for those who presented.

So I wanted to ask a question. There - part of the reason why the information, even though it's facts and credible it's because there's so much rumors in countries that kind of go against the message that's being delivered. And so that's similar to here in the U.S. as well where there's so many rumors.

And I know this call's about West African countries, but also other African countries, like East African countries and people from other African countries have been stigmatized simply because they come from Africa. So - and I do understand that you've reached out to different West African groups, but have you also reached out to other non-West African groups? Because there's a lot of stigma, especially for example in (unintelligible).

I'm from Rwanda, so there was a kid that was expelled from school because, you know, he's from Africa and Ebola. There's another gentlemen from our community who lost a job simply because he's from Rwanda. So I wanted to know what you guys are doing in terms of that.

Dr. Becky Bitsko: This is Becky, and let me just comment that, you know, as I was speaking, my comments were certainly very specific, but we absolutely realize and I meant

to include examples of the fact that we know that people are not targeting only people from West Africa. And that other people who may look similar are also being affected by the stigma.

And so I think some of the language I used was a little bit more simple than it could have been, but we definitely recognize that this is occurring towards many people. And as far as within the U.S., the message that I shared there, they're meant to be flexible and, you know, kind of able to hopefully help target different narratives of stigma that have...

Monique Tuyisenge-Onyegbula: And are you also targeting like non-Africans right?

Because so some of us went to West Africa to assist with the outbreak, and there was a lot of stigma by westerners, by Americans, and so are you targeting them? Especially in the early days - not in the early days, when the media was going crazy about Ebola, what it is, what it isn't. They fed people so many misinformation, and so kind of not just - so are you working with groups of Americans to get the right messages out?

Dr. Becky Bitsko: We are for sure. And again, I think trying to counter the confusion that gets put out by other outlets by putting out some, you know, factual information on our side is part of that effort. And right here at CDC we've addressed stigma among responders as many, many, many responders returning to CDC have faced stigma in all kinds of areas and in all kinds of way.

And so we've definitely been focused on - it hasn't been a focused effort on any one specific population. We've definitely been trying to address across the board, and that has - again as Molly mentioned, when we put out the communication products, they're reviewed to either make sure they're not stigmatizing in themselves or to try to add anti-stigma messages within to make sure that we are sharing the true risk and who is not at risk, and the

restating of the fact that this is occurring only by the handling of bodily fluids, just sharing the facts to try to reduce people's general level of worry and fear.

Molly Gaines-McCollom: Sure, if you wouldn't mind I'd like to respond as well, just to say that I think, you know, we've touched on this a number of times, but it's true, the stigma is not just against West Africans or people who come from the three affected countries. Let's be honest, a lot of it is levied towards Africans in general, especially here in the United States.

I mean, Americans are not known for their knowledge of geography. So I've heard stories about tourism in South Africa, I mean look at a map, very, very far away, but South Africa being stigmatized against. And it's really - a lot of it's just ignorance on the part of the majority population who really don't understand a lot about West Africans, don't understand a lot about the three countries.

So, you know, it is - it's a big issue that involves a lot more people and a bigger population than just, you know, that small group of people who comes from those three countries.

I will say that we have worked with a number of different groups, including the travel sector, so people who are looking at traveling back and forth, not only to the three affected countries but to the region in general. We've worked with them. We've worked with healthcare workers, with the private sector, with different levels of business. You know, so we're trying to reach out to different audiences to spread information and hopefully, again, put out some anti-stigma messages there.

We have not specifically targeted larger groups of people who might be stigmatized, but that's certainly something for us to look into. And of course if anyone has suggestions, we would really love to hear them.

Coordinator: Thank you. The next question I have is Massa Nnadi. Your line is open.

Massa Nnadi: Okay thank you. I wanted to make a comment. As far as schools are reopening in the region and as far as stigmatization, there has been a lot of talk on how these things are going to happen, and thank you so much for having this call. However, what I have not heard is what is the role of the government as far as schools reopening?

Because one of the things that comes across as having the CDC guidelines is that some West Africans place the scope of the burden on the CDC alone to come up with guidelines. But with schools being reopened in these countries, what is the role of the government in taking responsibility for establishing some guidelines for the schools that are going to be open?

Molly Gaines-McCollom: Sure. I can try to address that a little bit, Massa. This is Molly. And unfortunately I - this is a little bit far outside of my area of expertise. So I would love to make a commitment to get back to you with more information, because I don't think I can answer your question fully.

The only thing I can say is that CDC does not ever work in isolation. We work very strongly with international partners and with the larger organizations, with local NGOs and absolutely with the three governments of the three countries.

But, you know, I know that that doesn't fully address your question, so I do have - I do see that we have your e-mail address, and I'd love to get back to you.

Massa Nnadi: Okay thank you. The other thing, the other point I wanted to make sure that goes across is that we West Africans, we cannot hold the CDC responsible for coming up with the guidelines for these areas. So we, too, need to take the ownership of the countries that we come from to place some of that responsibility on our local government to say hey yes you said schools would be reopened, but what are you all doing to establish some local guidelines.

I think the idea of us waiting for the CDC to come up with, you know, the guidelines for our specific area it is unfair because we cannot sit and wait for the CDC to come up with the guidelines that tells our areas hey schools will be open in March. I think the local people, the local government needs to take some initiative and really take some responsibility in spearheading that, or at least starting to make some efforts in establishing guidelines before they even open schools.

So I think I just really wanted to make that point so everyone that's on the call at least can begin to speak to that in a community in which they help to educate. Because, you know, like you said, we have to work together to do this. One person or one group certainly is not expected to come up with all the guidelines. So there has to be some responsibility and accountability on the part of the local government as well.

But I do appreciate your response, and yes any information you can give me via e-mail will be great. Thank you.

Annie Tran: Thank you for that question and that comment. And I just want to mention that we will be - all the resources that we mentioned on today's call we'll be sending that out to our distribution list, so if you're not already on our distribution list or if you want to get these materials sent to you, please do send us an e-mail at emergencypartners@cdc.gov, letting us know that you want to get these materials and we'll be able to send them out after the call.

Operator, I think this next question will have to be our last question.

Coordinator: I'm currently showing no questions.

Annie Tran: Alrighty then. So I guess that means we can wrap up. But before I do, let me just mention that if you are experiencing an urgent situation, if you feel threatened or that someone may want to hurt you or that you may want to hurt yourself because of these stigmatizing problems, please do contact the appropriate emergency authorities.

So with that, I would like to thank everyone joining on our call today, and please join us for our next call on March 10 at 2 pm Eastern, using the same telephone number that you called in today.

If you have any additional questions that we didn't get today or if you think of something after the call ends, please send them to us at emergencypartners@cdc.gov. Thank you for joining us today and thank you to our speakers and to the folks that joined us on the call to ask the questions and respond to the questions. And I look forward to talking to you all again on March 10. Operator, that concludes our call for today.

Coordinator: Thank you. This does conclude today's conference. Thank you for joining. You may disconnect at this time.

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