

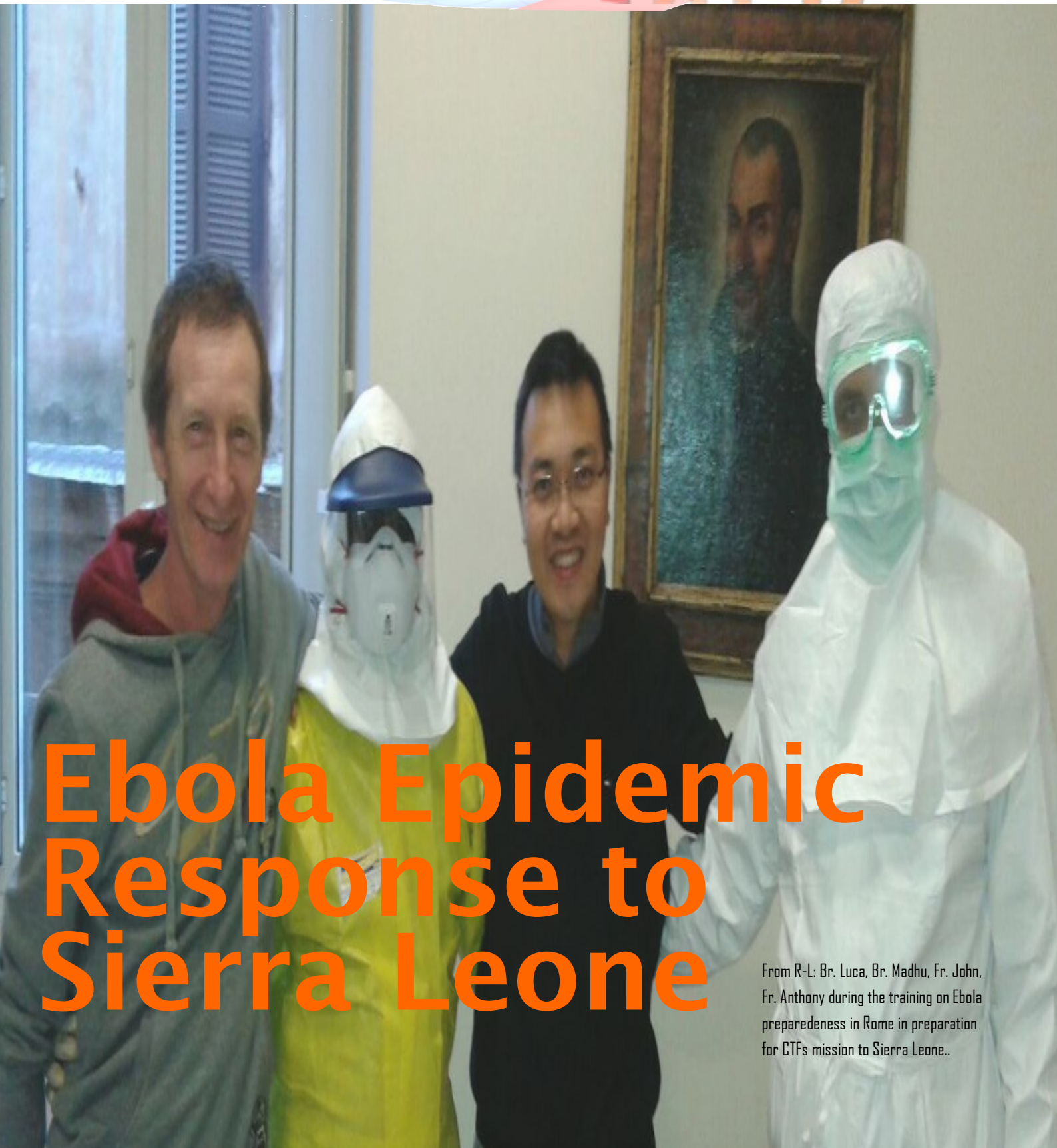
CROSSOVER

Camillian Task Force Central

Quarterly Bulletin of the Humanitarian Office
of the Order of the Ministers of the Infirm

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Ebola Epidemic Response to Sierra Leone

From R-L: Br. Luca, Br. Madhu, Fr. John,
Fr. Anthony during the training on Ebola
preparedness in Rome in preparation
for CTFs mission to Sierra Leone..

CTF arrived in Sierra Leone on 19 October 2014, to support the Diocese of Makeni in their efforts to respond to the Ebola crisis. Following an initial assessment by Fr Aris (19th to 27th October) it was agreed that CTF's main focus would be to support Holy Spirit Hospital (HSH), with particular emphasis on assisting with the reopening of the hospital to in-patients.

In August, because of the escalation in the spread of Ebola in the District, a number of difficult decisions had to be made by HSH Board and Management Team. These decisions have had a major impact for patients, staff, hospital and the wider community. Due to the high level of risk of transmission of Ebola to patients and staff, limited essential Personal Protective Equipment (PPE's) and no Ebola diagnostic laboratory facility, the decision was taken to close the hospital to inpatients, cancel surgery and postpone our regular visiting expatriate medical teams for



On the right, family in quarantine at Makeni praying after receiving their daily needs supply from the parish.

elective surgeries. The contribution from our expatriate medical collaborators is vital to the ongoing health interventions of the hospital, and are missed.

Out patients continued to function but attendance



From L-R: Anita Ennis (LCF VPRES.), Dr. Patrick Turay (Med. Dir.), Fr. Natale Paganelli, SX (Apost. Admin.), Fr. Anthony Kunnel, MI (CTF)

dropped as patients feared coming to a health care setting. Patients feared being suspected of having Ebola which would result in transfer to a Holding unit, but they also feared contracting Ebola because they attended the health facility. However, there has been a gradual increase in attendance from the beginning of November.

Closure to in-patients, suspension of surgery and the reduction in OPD attendance had a major impact for the normally self-sustaining hospital. Prior to Ebola there were over 100 staff employed at HSH. This has reduced by at least 40%.

Anita Ennis

CTF SPAIN, A DREAM COME TRUE

On September 22-26, 2014 in Thailand, the second conference of the Camillian Task Force - "Strategic Planning and Leadership Conference" - was celebrated in Bangkok. I had the privilege to attend this conference and I can say that it was one of the richest experiences I have had lately. It was not only for the deep reflection on how to organize our responses to the new situation and current needs during natural disasters in the different parts of the world, but for the wealth of personal encounter with the Camillians and CTF leaders in different parts of the world especially in the Asian continent that is always beset by natural disasters.

The main focus of "restoring the dignity of communities affected by disasters, activating and transforming them into resilient communities able to recover and live a full life" demands a deep reflection. Restoring personal dignity of the person who is suffering can only take place from the engine of active love, transforming spirit full of hope and solidarity that is at the service of the communities affected by disasters. This is important but the most wonderful is to be based on coordinated, timely, responsive, competent interventions, inclusive and compassionate action within an organizational structure such as the CTF.

Personally, the most valuable for me was to be able to share with people committed to this work. Many have been victims of natural disasters and have been resilient and, for that reason, they are like resilience engines to those affected by natural disasters. The encounter with

these people has infected me with a loving virus of compassion, quality, competence, respect and generous personal delivery.

CTF does a great job, an excellent job to the people who are suffering because of natural disasters. CTF volunteers who empathized with human suffering, like those who went to Sierra Leone to mitigate the pain of Ebola, invites all of us to reflect, collaborate and participate.

For these reason, from here, I dream that the process began with our participation in the first conference in Madrid and now in Bangkok is gradually consolidated. Each one can give what he has. Spain has great professionals for training. Therefore, it could be opened to specific training in natural disasters, to develop leaders in the most vulnerable countries and start with this action the path of active collaboration with CTF.

Consuelo Santamaria



CTF leaders and country representatives gathered in Bangkok for the strategic planning and conference

An Act of Kindness Transformed Their Lives

Camillian Task Force India in collaboration with CSSS, Caritas, CSJB, OP, SABS, SD, Gandhi Medical College, Hyderabad and the volunteers got together in Srinagar to conduct medical camps and to diagnose and distribute medicines and food items for the flood affected people in Jammu and Kashmir.

Kashmir is a valley surrounded by mountains on all sides. It could be compared to a large basin, when it rains or when the water flows, the water gets accumulated in the basin. On the night of September 7 it rained so heavily that the tiny exit could not suffice the inflow of water and

the city got flooded. Though there was not much loss of human life (the official figure is estimated to be 284), there was much financial loss estimated to be Rs. 1,00,000 crore. The people have been emotionally affected after witnessing the calamity. The water has engulfed their agricultural land and its produce. People have lost their livestock and livelihood. Many have been rendered homeless by the fury of the Nature.

Srinagar is a beautiful city located in the backdrop of mountains covered in snow. It has a population density of 18 lacs. The popular Dal Lake in the heart of the city is its major landmark and a top tourist attraction. It is famous for its house boats. Surprisingly this house boats harbour an average of 1.5 lacs per day. It is a great tourist spot and receives more than 1,50,000 tourists every year. The number of tourists varies from time to time and therefore the town often runs out of hotel accommodations. Many people even spend their nights on the footpath. Srinagar, beautiful, normally bustling with tourists, now wears a desolate look after the floods that ravaged Jammu and Kashmir recently. This one natural disaster has removed the smiles on the faces of the locals and the tourists has been replaced by a sense of gloom.

Hotels are vacant, business is down and people have no access to food, clothing and shelter. The worst complaint, however, is the lack of medical facilities and personnel.



Fr. Biju serves the next patient during the medical camp

"Even though Government has readily responded to their immediate health problems, the people in the remotest villages are still looking for medical Aid. The Camillian Task Force (CTF), an international agency headed by Camillians, the Ministers of the Infirm, stepped in and began the process of reaching out to the people of Srinagar, by assisting in medical aid, counselling the affected and slowly assisting in bring about normalcy in to their lives.

"CTF gears up to go where it hurts, to enter into the places of pain, to share in their brokenness, fear, confusion and anguish,"—Fr Baby Ellickal MI, the director of the Camillian Task Force, India.



CTF, a Catholic organization, was launched in 2001 to respond collectively to every type of disaster throughout the world. It intends to provide financial, psychosocial and rehabilitation support to the victims. CTF members come from various walks of life including those with expertise in healthcare, such as doctors, nurses and other like-minded people and organizations. Our medical team reached Kashmir on 2nd October 2014 and we started our work from Day 1 itself. We have organised medical camps in the worst flood-affected areas. Medical students and doctors from Gandhi Medical College, Hyderabad, Doctors, nurses, social workers from different religious congregations and lay men and women from different parts of our country are a part of this great venture.

Though our strategy was to go from door to door with medical support, we later realized that it was very time consuming and we were not doing justice to all the people. So we decided to stick to a particular place in the village - either a school or a popular person's house and people came to us, seeking medical aid as we patiently listened to their complaints.

One of the local doctors told us that most of the medicines that are consumed here are adulterated. Medical representatives and doctors have been supplying this to the poor and the government have not taken any action. We have become the victim. He further said "we trust medicines from other states".

It was disheartening to see, most of the houses had

collapsed, the paddy fields and apple farms have been ruined completely. On our arrival, their faces lightened up and smiles appeared on their pained faces. But their eyes still held hope; a hope to make sure their loved ones also received medical treatment and medicines.

In fact we were able to serve 20 villages and around 3400 people over a period of 20 days. We were able to spend full day at all camps, dispensing medicines and food materials to the affected victims. Our team consisted of 30 volunteers from all over India who were medical students, priests, nuns, or just lay men. And we showed our true spir-

it of commitment and determination to work for the cause—help and serve people. There was not a day where we did not seek God's blessings and guidance. We thanked the Lord even during our journey through the villages.

While bidding good bye to Kashmir after spending more than 20 days there, I could see the smile on their faces in spite of such a devastating period of their lives. The unity among the villagers in helping each other in such times of stress dumbfounded me. I salute the CTF team for their adventurous step and contribution to this mission.

Though life is slowly returning to normalcy in Kashmir, the extent of damage caused by the devastating floods is still unfolding. Several areas still remain marooned and the city of Srinagar remains affected. "It was one of the most unexpected tragedies and has indeed shaken the pillars of human survival," —Fr Siby Kaitharan MI, National Coordinator, CTF India.

It takes many years and lots of hard work for the people to come back to life. We need to constantly pray to God for His abundant blessing for the people of Jammu and Kashmir. Camillian Task Force are ever grateful and thank all the people who have joined hands in this herculean task of rehabilitation and reviving the lives of those who have been affected in this worst ever disaster.

Fr. Biju Matthew MI

Thank you and Best wishes 2015



SAS2 WORKSHOP BURKINA OPENS CTF IN W. AFRICA

Photo by Daniel Buckles

The 5-day workshop conducted by Prof. Daniel Buckles and organized by the CTF Central in Burkina Faso last December 1 to 5 was recently concluded; offering participants a new horizon of Camillian ministry by responding to humanitarian and public health emergencies in the world. The workshop has introduced to the participants some tools useful in disaster management in different context at any opportune time within the four major cycle (response, recovery, release, reform) of disaster management. Participants have also utilized those instruments during the workshop in drawing out a pre-Ebola response plan for Burkina Faso and Benin-Togo.

The workshop was graced also by the presence of the vice-provincial superior of Burkina Fr. Paul Ouedraogo, MI and his council, Ms. Sabine of the Medical Mission Institute, Germany and Mr. Robert of OCADES (Caritas National Burkina). These people have been engaging at present in preparing and implementing the Church's national plan for Ebola preparedness response.

The workshop was concluded with a practicum conducted at Camp Sagnioniogo that gives shelter to 2.830 Malian refugees. Around 30 men and women, the youth and adult representatives of the refugees participated in the exercise of determining their priority problems or concerns. Tools learned by the participants of the workshop were applied. The results will be presented to the administrative officers of the camp for consi-

deration in their overall activities.

Participants were very much satisfied with the 5-day experience of learning new tools and unlearning pre-conceptions, prejudices and biases. Bro. Julien, a Camillian physician, told that "more often we as physician thought always that what we think is more reasonable and right but after this workshop I learned to lower down myself and be disposed to listen more to those who are in need of our services." Almost of all them affirmed that this is something new to us and indeed very valuable for our ministry.



Last September 15-19, 2014 in Bangkok, 31 members of the big Camillian Family (religious, sisters, lay Camillians) coming from 10 countries of India, Indonesia, Ireland, Italy, Kenya, Philippines, Spain, Thailand, Vietnam, and USA, gathered together during the 3rd CTF leadership conference and strategic planning. This event was graced also by the presence of Fr. Leo Pessini, superior general and Fr. Paul Cherdchai, provincial superior Thailand.

Why we gathered?

In 2013, 330 natural triggered disasters were registered which killed a significant number of people (21,610), affected 96.5 million people and caused economic damages with an estimate cost amounting to \$118.6 billion USD. In terms of the geographical distribution of disasters, Asia was the continent most often hit by natural disasters (40.7%), followed by the Americas (22.2%), Europe (18.3%), Africa (15.7%), and Oceania (3.1%). (cf. CRED, Annual Disaster Statistical Review 2013). In most of these countries hit by and prone to disasters are countries where several of our missions are located or nearby. And these disasters have a big impact on public health.

The recent report released by the Intergovernmental Panel on Climate Change (IPCC) points to the anthropogenic reasons of climate change which have had a huge impact on human and natural systems. The emissions of greenhouse gases are mainly caused by humans. All are then encourage participating in the reduction of carbon emissions through adaptation and mitigation. Both are complementary strategies for managing and reducing the risks of climate change. The goal is to limit warming to below 2°C relative to pre-industrial levels. (cf. IPCC, 2014). The variations in the temperature, precipitation, wind and other types of weather that last for long have increased the risk of extreme weather events such as strong tropical cyclones (Category 4 or 5) as it happened a year ago in the Philippines, floodings, heatwaves, severe drought, etc. These changes affect so much the health and well-being of the people. "Climate change is expected to cause approximately 250 000 additional deaths per year between 2030 and 2050; 38 000 due to heat exposure in elderly people, 48 000 due to diarrhea, 60 000 due to malaria, and 95 000 due to childhood under nutrition. Results indicate that the burden of disease from climate change in the future will continue to fall mainly on children in developing countries, but that other population groups will be increasingly affected." (WHO, 2014).

The Camillians through the Camillian Task Force (CTF) is leading their response to this new signs of the times. The CTF leaders affirm strongly the need to organize and coordinate our efforts in responding to disasters. In their message to the Order, they said, "Nowadays, it no longer suffices that one has heart and hands that serve. One must have the courageous HEART of a missionary that feels the suffering of vulnerable peoples and prophetically confronts unjust situations. He must have the HEAD or mind of a social scientist that thinks through and understands their solutions. And he must have the skillful HANDS of a servant-leader that kneels down to serve.

We believe that the fullness of life is the vision of Jesus and ours too as a Catholic organization. It is experiencing the super abundant grace of God which is translated into health to the sick, food to the hungry, joy to the sorrowful, and blessings (or hope) in times of crisis.

We would like to be grounded in the love and mercy of Jesus, with St Camillus in our hearts to promote and inspire the development of a community-based integral health programs for the well-being of the disaster stricken communities through a compassionate, competent, and coordinated interventions."

What do we envision?

By 2015 and beyond, CTF leaders envision the fullness of life in a resilient community. This vision is enriched by its mission, i.e., "Grounded in the love and mercy of Jesus, with St. Camillus in our hearts, we promote and inspire the development of community based integral health programs for the well-being of disaster stricken communities through compassionate, competent and coordinated interventions.

We are a faith-based organization, whose identity is grounded on **core values** that inform our approach and underpins all our work.

Human Dignity. Respect for human dignity is at the heart of who we are and what we do. Every person has inviolable rights founded on justice. Thus, everyone has right to life and total well-being, free from want, fear and hazard impacts.

Compassion. Integral to the work of the Camillian Task Force International is how care is given, based on empathy, respect and dignity. Our compassion then, as intelligent kindness, is central to how people perceive our care. For us, caring is as important as care and our highest calling is to provide comfort to those in distress and nurture capability in the vulnerable, regardless of class, gender, age, culture and religion. Great care is at the heart of everything we do.

Integrity, Diversity and Inclusion. We honor the integrity of every person and the diversity of peoples, cultures and communities. We commit to foster an enabling environment, privileging every voice towards participation and inclusion. We forge understanding and mutual respect; we labor for equitable development and peace.

Justice, Fairness and Solidarity. We uphold justice and fairness in our dealings. We work for social justice and foster human solidarity in our partnership with vulnerable communities and societies we work in.

Courage and Witness. Our courage enables us to do the right thing for the people we care for, to speak up when we have concerns and to have the vision and personal strength to innovate and embrace new ways of working and relating with others. We bear witness to the human capacity to over-

come adversity and suffering, connecting people to hope.

Learning, Creativity and Excellence. We embrace learning, creativity and change as a way of life. Reflective distance allows us space for deep thought, increasing our consciousness of the whole, enabling us to serve the whole. By our mindfulness, we contribute to the sustainability of peoples, the humanization of societies and the stewardship of creation.

Competence, Accountability and Transformation. We are committed to employing and be held accountable to high standards of practice. We continuously challenge ourselves to improve towards efficiency and effectivity, through strategic planning, assessment and evaluation. We deploy knowledge and skills, harness methods and appropriate technologies to transform our partner communities and ourselves. Constant innovation towards excellence in our caring and service defines our processes.

Active Listening, Collaboration and Teamwork. We are committed to working collaboratively and in partnership with all stakeholders, actively listening to facilitate, negotiate and build consensus and strong teams to empower others. We are committed to bring together people, organizations and institutions that can pool knowledge, skills and resources, to work together to have most effective impact. Good communication is central to successful collaborative partnerships, working relationships and effective team working.

Transparency. We honor our obligations in the partnership of equals, meet commitments and act responsibly with public and personal trust, to consistently deliver value to our stakeholders. We adhere to transparent financial accountability procedures and to freedom of information.

By the year 2020, CTF aims to become an effective leader in disaster intervention in the different parts of the world especially in places where the Camillians are but not limited to it. This could be achieved with the full support of the Order and its leaders from the General Council to the Provinces, Delegations and the religious.

CTF Leaders



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Barely three years since CTF responded to the 2011 drought in Wajir, North Eastern Kenya, the fruits are now seen and enjoyed by the people of Wajir. Wajir is now green. In phase III, we have struggled with responding to the new problems of soil salinity by applying soil amendment products to lower down the soil PH. On the plots, we use ammonium fertilizers and compost manure for the plants. In November, Wajir has been blessed with long rains, and farmers are now busy planting. Twenty-one community wells have been capped. Now, we are looking for the possibility of treating the water in those wells for domestic consumption.

The county government of Wajir has recognized CTF as one of the organizations who have made it possible in making Wajir a food productive area. This news came out in the national papers where it called "The Green Revolution in Wajir". It was reported that Wajir is now reaching food security. Thanks to the CTF for creating awareness to the people of Wajir that it is possible to produce food themselves rather than waiting for relief food. The market is now flooded with food produ-

ced in Wajir. This is something the area residents are proud of.

On the other hand, the Community Based Health Care Program is advancing in their trainings and activities given to the community health extension workers (CHEWS) in Wajir. Just this month they have received their last round of training to equip them fully for their work. They were also provided with various tools like wheelbarrows, pangas and spades. In the series of trainings, a special topic on Ebola prevention was tackled. This is in preparation in case of outbreak which is currently happening in West Africa. Among the topics that were discussed are the following: community health strategy structure, public hygiene (use of latrines: pit, ecosan, septic tanks), water treatment methods, management of water related diseases, first aid, conservation, solid and liquid waste management, communicable diseases and health communication skills focus on Ebola.

Br Francis Maina, MI

About the Bulletin

The name CROSSOVER was inspired by the gospel of Mark (4:35-41) when Jesus invited his disciples to cross over to the other side of the lake and their boat was battered by heavy storm that it almost sank. Fear had overshadowed them and Jesus rose from sleep and calmed the sea. Just like St. Camillus in his time who crossed over the confines of the hospitals and came to rescue the victims of floods, war and pestilence. The enormous strength and enduring compassion of the Camillians are demonstrated during these times of war and calamities.

CROSSOVER attempts to bring to you the news and events of the CTF in the world. It envisions to enrich the memory of our past through the present realities and challenges us to propel the steering wheel onwards and actively engage in the signs of the times.

Everybody is invited to contribute their stories, views, reflections and news in the field of humanitarian and pastoral mission. Please send to ctf@camilliani.org.

CAMILLIAN TASK FORCE

Quarterly Bulletin

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Camillian Task Force

Witnessing the merciful love of Christ to the victims of natural and man-made disasters