

# COUNTRY CASE STUDIES

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PROGRESS AND CHALLENGES IN  
STRENGTHENING THE PROTECTION OF  
HUMAN RIGHTS OF OLDER WOMEN IN  
LIBERIA ON THE IMPACT OF EBOLA ON  
OLDER WOMEN IN THE COUNTRY

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Monrovia

AT THE EXPERT MEETING ON OLDER PERSONS

UNIVERSITY OF GHANA, LEGON

REPUBLIC OF GHANA

WEST AFRICA

I bring you warmest greetings from Liberia, particularly the Human Rights Division of the Ministry of Justice, Secretariat of the National Human Rights Action Plan and the Human Rights Resource Center.

It is pleasing to participate and contribute to the year long campaign of continental discussion in sustaining the momentum and interest in providing legal and social protection for Older Persons in Africa, particularly Older Women.

Increasing and Popularizing ratification for the Protocol to the African Charter on Human and Peoples' Rights on the Rights of Older Persons in Africa, are efforts similar to Decision 115(XVI) of the Assembly of Heads of State and Government at the Sixteenth Ordinary Session held in Monrovia, Liberia, from 17 to 20 July, 1979 on the preparation of a preliminary draft of an African Charter on Human and Peoples' Rights providing inter alia for the establishment of bodies to promote and protect human and peoples' rights.

## **THE IMPACT OF EBOLA ON OLDER WOMEN IN LIBERIA**

Your lenience is solicited to permit a short presentation on The Impact of Ebola on Older Women in Liberia. This impact presents a perfect argument to popularize and increase ratification for the Protocol to the African Charter on Human and Peoples' Rights on the Rights of Older Persons in Africa.

The Ebola Virus Disease was first identified in Liberia in March 2014. The deadliest Ebola outbreak quickly spread across the Northern and Western regions of Liberia, affecting Lofa, Gbapolu, Bomi, Grand Cape Mount and Montserrado Counties; with Monrovia the hardest hit.

The alarming escalation of the EVD caused widespread collapse of the healthcare system in the country, further dispersed health workers and inflamed chaos in affected communities, where bodies of victims remain uncollected in both remote villages and the capital of Monrovia. Atmosphere of emergency health terror and human misery became a full grown reality.

Already collapsing health facilities that were ill equipped, with dying, terrifying, and demoralized running away health workers, were making failing attempts to combat and contain the rapid spread of the virus. By mid March, 2015, 4,806 deaths had been recorded in Liberia. Sixty percent of such deaths were women and girls according to statistics agency, the Liberia Institute for Geo Information Services-LIGIS.

## **IMPACT OF EBOLA ON OLDER WOMEN IN LIBERIA**

Witchcraft accusations were among the worst impact on the dignity of Older Women during the Ebola crisis in Liberia.

The Ebola situation of risk was quite different from all other risks. A calamity and at the same time a conflict, protection of Older Persons and Women in such conflict and disaster situation was unthinkable.

Almost entirely unprecedented in nature, more than civil strifes and wars, Older Women could not exercise and enjoy access, priority, assistance and benefit from sympathy and rescue efforts. Interventions apart from hunting them and those they kept, to take all of them away as Ebola suspects to an Ebola facility where they remained, died and their bodies burnt, was not in sight.

## **EBOLA TREATMENT FOR OLDER WOMEN**

Initially treatment for the EVD was searching, identifying and weeding out from communities, suspected Ebola persons particularly Older Women. They were collected and taken away by ambulances to designated Ebola facilities. There, patients were sprayed with chlorine in addition to spraying they previously received in the ambulance and given guest treatments until they died. The highest forms of torture, cruelty and death, were the initial treatment for the Ebola in Liberia.

From the on set and up to the peak level of the EVD, its victims were the shortest lived patients, who died in ambulances after being sprayed while en route to the Ebola facilities or died on arrival or spent not more than two days in those facilities.

There was hardly any survival in Ebola facilities during both the initial and peak periods of the EVD.

Bodies burners were overwhelmed and sickened by bodies of their mothers that were to be burnt. Even those who transported the bodies were sometimes seen collapsing in their communities. The ceaseless sounds of sirens from ambulances were also terrifying, traumatizing and fainting of Older Women who imagined their children, grand children, husbands, brothers and sisters taken away into the fire.

## **EBOLA'S SOCIO-ECONOMIC IMPACT ON OLDER WOMEN IN LIBERIA**

1. Older Women who dominated Agriculture in rural parts of Liberia, abandoned their farming efforts, crops failure started and resulted into low yields in most parts of Liberia.
2. Older Women who also control huge micro businesses in the country, experienced and suffered fast drop in their businesses followed by final collapse of those businesses
3. Food and incomes ceased to flow for many Older Women, imposing unbearable hardship accompanied by hunger and loss of strength.
4. Schooling for children and grand children of Older Women, stopped and the
5. girls became idle, fell prey to teenage and unwanted pregnancies at high health risk.
6. Young parents abandoned their children including the pregnant ones to their Older Parents and went into hiding in unknown and isolated locations
7. Morally, culturally and even religiously, Older Women bear the responsibility for caring for their sick children, relatives, friends and neighbors. This was like a mandate in the Ebola situation. Older Women bore the weight and further consequences of the Ebola epidemic. They fed, washed and clean the clothes and fluids of Ebola suspects and victims; without gloves, masks, and any other protection. In their vulnerable state, they were at the Ebola front lines as caretakers and care givers getting into direct contact with the Ebola Virus Disease, something like quick suicide..

## GENERALLY, RIGHTS WERE RESTRAINED, JUSTIFIED BY DECLARATION OF STATE OF EMERGENCY

They included amongst others, freedom of movement, association, assembly, speech about the EVD, health services and treatment for Ebola suspects, deprivation of cultural and religious burial of all bodies, quarantining or mandatory stocking or imprisonment of all Ebola suspects. Rights to food and water were not curtailed but the risky situation of Ebola allowed limited access as Older Women, who in most instances, considered themselves already half head, took the risk.

1. Trauma
2. Isolation
3. Livelihood sustenance difficulty and
4. Family and health care were nails on the coffins of Older Women in Liberia during the Ebola



## EXPERIENCES OLDER WOMEN HAD DURING THE EBOLA

1. Death
2. Displacement
3. Roaming, hiding, escaping with children, husbands and other family members
4. Forced, cultural and moral assumption of responsibilities and duties including care-giving, hosting of Ebola suspects
5. Discrimination and presumption that they were already dead and no longer useful like younger persons and that helping them was needless in many instances
6. Right to life, dignity and physical integrity of Older Women were not recognized and respected in the Ebola situation
7. Older Women were stereotyped as hosts and hidiers of Ebola suspects.

## **BLAMES AGAINST OLDER WOMEN DURING THE EBOLA FOR:**

1. Facilitators of secret burials,
2. Providers traditional treatments for Ebola suspects
3. Offering religious rites as treatments for Ebola
4. Older Women were perceived as risky for these and other reasons and for such they were responsible for their own stigmatization and marginalization as agents perpetrating and spreading Ebola
5. Older Women lost their sons and daughters, husbands, other beloved family members
6. Roles, duties and responsibilities they carried out despite their ageing and associated limitations including declining and failing physical strength.
7. . Being at the Ebola front lines taking the highest risk without any reward other than the hope for survival
8. Washing the clothes of Ebola suspects, cleaning them and their fluids ,feces and places.
9. Risks that were equipped to outright suicide, in most instances, innocently, were taken by Older Women
10. Discrimination, stigmatization and stereotyping against Older Women were typical characteristic driven by the Ebola situation.

It was not a matter of torture, inhumane or cruel and degrading treatment or punishment, protection, respect, medical assistance and caring for Older Women, but giving Ebola situation treatment to Older Women like it was done to all others, spraying them with chlorine, giving them tablets against their will on test or trial basis and repeating such treatment until they continue to live or finally die and burnt.

Despite it all, Older Women were busy concentrating and thinking about escaping or already escaped from being caught alone or with their children, grand children, husbands and family members so that they could not be carried away by one of the ambulances that were in the streets, sprayed with chlorine in those ambulances before reaching an Ebola facility where they would received additional chlorine spraying and be forced to take drugs against their will and without even knowing the drug that was being taken.

Older Women lived in constant fear, day and night, throughout the Ebola crisis in Liberia. They were targeted in most instances because they were either keeping, hosting, hiding, treating, praying or caring for Ebola suspects. All illnesses prior to Ebola, were symptoms of Ebola. Even sneezing more than usual, was enough to take you away as Ebola suspect and you will never return. Older Women were prey to this too.

Finally, apart from Liberia being one of the original crafters of the African Charter on Human and Peoples' Rights and also hosting the Summit of Heads of State and Government Assembly at the Sixteenth Session of AU predecessor organization, the OAU from 17 to 20 July, 1979; at which time the Charter's preliminary draft was completed; It can be recalled that Liberia has ratified the Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa since 2007.

Liberia has also ratified several other international rights instruments including the African Charter on the Rights and Welfare of the Child , 2007; African Union Convention on Preventing and Combating Corruption , 2007; Convention Against Torture and Other Cruel Inhuman or Degrading Treatment or Punishment , 2004, amongst dozens of other ratifications. These ratifications would surely inform and inspire future ratifications of rights instruments, the Protocol to the African Charter on Human and Peoples' Rights being no exception. We will spare not effort in ensuring strong coordination and partnership with other rights partners and stakeholders to support ratification for the Protocol to the African Charter on Human and Peoples' Rights on the Rights of Older Persons in Africa.

THANK YOU