

Liberia: handling of bodies and national memorials – community perceptions from Monrovia

Key considerations

This brief summarises attitudes of community leaders and residents in and around Monrovia. It is intended to provide an evidence-base to support the SOP on safe and dignified burials, and to contribute to ongoing discussions about mass-graves and national memorials.

It has been collated from studies undertaken by a network of anthropologists working on Liberia (both in-country and remotely) and draws on WHO/Government of Liberia data collected in August-September 2014 (in urban settlements in Monrovia and peri-urban townships in Montserrado and Margibi Counties) that was analysed by a team of researchers at the University of Florida and Yale University.

Any recommendation requires further investigation, and targeted research as the community level should be conducted to provide further insights and develop the evidence-base for decision-making and action.

- 1. Evidence of death and the proper handling of bodies**
 - 2. Mass grave site**
 - 3. National Monument**
 - 4. National Memorial Day**
 - 5. Grave-cleaning Day (12 March)**
 - 6. False burials**
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1. Evidence of death and the proper handling of bodies

There is widespread concern that patients are being lost in the system, and that there is limited information feedback to the relatives about a patient's condition or, in some cases, when they had died. It has been suggested that every patient is given an identification number or identification card upon admittance at the ETU. This will help with reporting and surveillance, but will also allow families to trace their patients.

It was also suggested that each ETU has an information board outside where information about the status of each patient can be posted and updated daily (eg. name, identification number, suspected case / confirmed case / in treatment / released / died). This will allow families to keep track of their relative(s) and allow networks keep distant relations informed about the condition of patient(s). This is similar to a method used by the Red Cross regarding displaced people in Liberia, and may reduce the fear associated with forced separation (a missing Persons Ebola registry could be introduced with ties to hospitals, ETUs, and communities to help family members track relatives and neighbours). Community members must be told when their relative(s) die and what will happen to the body.

- Recommendation – introduce identification card for all admitted patients that will be returned to families after the patient's death
- Recommendation – introduce patient information board outside each facility that is updated daily, this would serve as a registry that community leaders could add to and report on
- Recommendation – ensure families are informed when their relative dies

The preeminent factor influencing attitudes towards seeking treatment at ETUs, cremation and mass graves was widespread concern over the correct handling of dead bodies and people are fearful that their relative may just 'disappear' or be disrespectfully disposed of. Notions that body parts are being sold and that cremation may be used to hide disfigurement or dismemberment continue to circulate. Communities stress the importance of proper management after death, and the procedures for correctly handling bodies should be shared in detail with community leaders.

- Recommendation – share in detail with community leaders the procedures being implemented for the correct handling of bodies

Families are stressing their need to have physical evidence that their family member(s) has died. Some key community interlocutors suggested that a family member should be present to witness the burial, others that a photograph of the deceased should be presented to family members. This will provide a connection for the family that is currently missing, and will allay concerns that bodies are disappearing or being stolen, getting lost in the system or being mutilated. A digital photograph could be taken of the relative with their identification number / card visible. This may also help with death registration and wider surveillance.

- Recommendation – take a photograph of each deceased patient (with their identification card) and present it to their family

2. Mass gravesite

Communities are already discussing the possibility of mass gravesites to both bury the dead and as a place for the ashes of people who have been cremated. Cremation is not popular, but neither is it not universally disagreed with ('once the body is burnt the virus is dead'). There needs to be direction about where ashes can be laid to rest to provide a de facto burial site for family members to visit. Many community members felt that mass burial grounds were a superior solution to cremation, and some even recommended the creation of mass graves in every county in Liberia, particularly as this would allow traditional and local aspects of burial practices to be integrated along ethnic, religious and socio-economic lines. There was, however, widespread concern about environmental issues concerned with the disposal of bodies and ashes, particularly in terms of polluting the water supply.

- Recommendation – mass gravesites should be for both bodies and ashes

It should also be noted that the idea of a mass grave site is being factored into conversations over land ownership at the local level. This may be something that is not openly addressed in high level discussions, but the burial site must be in a location where there is no land contestation to avoid economic dimensions of the war being having a negative influence.

3. National monument

There is a strong desire for the deceased to be recognised and remembered by a national monument. Although there is little information emerging from the community about what such a memorial or monument should look like (design), the key and reoccurring feature is that the monument must have the names of all the deceased inscribed upon it (mass headstone). A national monument may become the focal point for families who have lost their relative(s) in the outbreak and are not able to have a customary grave. This was particularly important for families of patients who have already been cremated. It must have designated space for both Christian and Muslim prayer. Community-level memorials (or statues) could also be erected.

- Recommendation – to construct a National Monument that must have the names of all the deceased inscribed on it and space for both Christian and Muslim worship.

4. National Memorial Day

There have also been calls for a National Memorial Day enshrined in law. One suggestion was to call the designated day 'Black Day'. It should be an annual national day of mourning and remembrance, with ceremonial focus on the national monument. It was also suggested that a formal memorial service be held at the end of the outbreak (and that this could perhaps become the National Memorial Day).

- Recommendation – to introduce an annual National Memorial Day for Ebola

5. Annual Grave Cleaning Day

Grave cleaning day is held on 12 March each year. The National Memorial Day should not be held on the same day. However, consideration needs to be given to Grave Cleaning Day 2015. In future, the National Monument may be the focus of Grave Cleaning Day for families of Ebola victims, yet it is unlikely that it will have been constructed by March 2015, so an alternative and high profile ceremony should be planned.

- Recommendation – start to make appropriate preparations for Grave Cleaning Day (12 March) 2015

6. False burial and death ceremonies

There is a practice of 'false burial' in some areas of Liberia. This needs further investigation, but is of potential significance. In the south west, specifically coastal Maryland county, but also further north (up to Pleebo and beyond), the body is often kept above ground for a quite a while, and there is pragmatism in the institution of the 'false burial' in which the funeral rituals can be performed months and even (a few) years after the actual death in order to allow the family to gather the resources needed to host everyone, or to accommodate the agricultural cycle. This is especially important with a high status person, in which case there would be many people coming, which is important to note since we know that it is precisely these kinds of events that have spread the disease elsewhere. The practice of burying the body quickly and holding the 'false burial' later already exists in the south east, and could be emphasised as a way for people to address the question of how to honor their dead. Also, it may be possible for communities to re-enact the kinds of ceremonies that were used during the war years when family members died but there was no body to mourn (warrior dances, tree planting, night-long candlelight vigils in front of picture of the deceased).