

Ebola Is Now Becoming the 21st-Century Black Death

by Debra Hanania-Freeman

Sept. 26—According to World Health Organization (WHO) numbers released today, the number of deaths linked to the Ebola epidemic sweeping West Africa has topped 3,000. According to WHO's numbers, over the course of just two days, more than 150 people died in Liberia alone. WHO has warned that even those high tolls are likely a gross underestimate as patients continue to fear going to hospitals, viewing them as death camps. Increasingly, however, even those who either seek care voluntarily, or who are brought in for treatment, find themselves turned away from overcrowded facilities.

It was a week of very grim news overall. Just a few days before the latest WHO death toll was released, the Centers for Disease Control and Prevention estimated, based on computer modeling using the current rate of spread of infection, that the number of Ebola cases could reach 1.4 million in Liberia and Sierra Leone alone. But, those projections are based on data from August, and the rate of spread of the infection has increased since then. Even more ominous is the fact that public-health officials who oversaw house-to-house information visits, to distribute soap and other kinds of disinfectants in communities at the epicenter of infection, estimate that there are actually at least 2.5 times as many cases as currently reported.

New Quarantine Orders

The day before the WHO numbers were released, acknowledging that efforts to contain the epidemic were failing, officials in Sierra Leone increased what were already unprecedented quarantine restrictions, sealing off more than a quarter of the country and warning travelers not to get out of their vehicles in the districts under isolation.

Nearly all of the country's 14 districts are now under either total or partial quarantine, with over 1 million people affected. Nevertheless, the disease continues to advance into new areas and infection rates are still rising rapidly in the capital city of Freetown, a dangerous development because of the city's population density.

The previous night, President Ernest Bai Koroma, in an emergency address to the nation, said that the new quarantine orders would "definitely pose great difficulties for our people," but that there was little choice. Makeni, the largest city in the country's Northern Province, is one of the newly quarantined districts, and foreign health-care workers have reported a surge in the rate of infections there.

The President said that the official statistics released by international agencies had been misleading, and that the country's plight was "far worse than what was being reflected in reports," adding that there is "a desperate



European Commission/DG/ECHO

An editorial in *The New England Journal of Medicine* called the epidemic “an avoidable crisis,” faulting a “highly inadequate and late global response” for letting it surge out of control. Here, health workers dispose of a dead body during the three-day national lockdown in Sierra Leone.

need to step up our response.”

A Western diplomat based in Freetown called Kormo’s newest restrictive order, coming after a three-day national lockdown that required every citizen to stay inside, “a mitigating measure reacting to a rapidly worsening situation.” The diplomat added that despite stepped up aid, including significant logistical support from the U.S. military, “the numbers just keep getting worse.”

Will the Virus Become Endemic?

A report by a team of more than 50 scientists, published online in *The New England Journal of Medicine* Sept. 22, similarly revealed a far worse outlook than had been previously anticipated. In addition to predicting many more cases and deaths, for the first time, the new report raises the very real possibility that the epidemic will not be brought under control and that the disease will become endemic in West Africa, meaning that it would reach a steady state and become a constant presence there. The report inexplicably assumes that the epidemic will not spread beyond the borders of the countries that are currently the hardest hit—an assump-

tion debunked by virtually every available epidemiological model, including an editorial in the very same journal.

That editorial called the epidemic “an avoidable crisis,” and faulted a “highly inadequate and late global response” for letting it surge out of control. It was written by Dr. Jeremy Farrar of the Wellcome Trust, and Dr. Peter Piot of the London School of Hygiene and Public Medicine. Piot helped discover the Ebola virus in 1976.

They warn that it will be impossible to control the epidemic “without a massive increase in the response, way beyond what is currently being planned.” The epidemic is growing so large, they write, that stan-

dard containment measures—isolating the sick and monitoring their contacts for signs of illness every day for 21 days—may not be feasible. One patient can easily have 10 contacts, so the number to be traced has already exceeded tens of thousands. No organization or agency currently has the staffing to follow that many people.

Piot and Farrar say that if Ebola becomes endemic in West Africa, the region would become a reservoir of the virus and pose a constant threat to the rest of Africa and other parts of the world.

Guinea, Liberia, and Sierra Leone are among the world’s poorest countries, and as *EIR* has reported, the epidemic has already overwhelmed their health-care systems, which were very weak to begin with. In a haunting echo of *EIR*’s 1980s Biological Holocaust Task Force reports, the editorial predicts that these nations will see a vast increase in deaths in childbirth and from malaria, tuberculosis, AIDS, dysentery, pneumonia, and chronic diseases. “Indeed,” they write, “there is a very real danger of a complete breakdown in civic society.”

In Washington, D.C., at an emergency closed-door

meeting of epidemiologists and infectious disease specialists from agencies and institutions that included the WHO, the UN, the CDC, and the U.S. Army, some of whom addressed the gathering via satellite from West Africa, the assessment of the epidemic was even more dire, and indicated that we may have already reached the point at which the epidemic is impossible to control by any conventional means. One participant stated that Ebola was becoming the Black Death of the 21st Century.

Efforts at quarantine have so far failed miserably. In Sierra Leone, during the lockdown, new cases of the infection were rushed to emergency mobile health centers for, at the very least, palliative treatment. But, officials reported that within 2-3 hours, the centers were overwhelmed and ambulances were simply piling the sick—and soon the dead—in the streets.

One of the meeting's participants expressed the overall frustration of the group at the seeming failure of classical containment measures. He said that even the example of Cuba's successful handling of the AIDS epidemic before treatment drugs were available, based on a model developed during the U.S. tuberculosis epidemic in the Great Depression, could not work in the current circumstance.

When Cuba was faced with a massive outbreak of AIDS in the 1980s, largely the result of transmission by members of the Cuban military who were returning from Angola, Cuba established what were essentially AIDS cities or communities for those who tested positive for the infection. Families were kept together, schools were established for the children involved, and, for the most part, an effort was made to provide as much normalcy as possible. In the absence of available treatment drugs, very high levels of nutrition and sanitation were maintained. For the most part, the effort was deemed to be highly successful in keeping people alive and in relatively good health until treatment drugs became available, while at the same time, containing the spread of the infection.

Death Camps

But, the speaker pointed out that while both the virus that causes AIDS and the Ebola virus are RNA viruses, the AIDS virus is a lenti or slow virus. Unfortunately, the Ebola virus kills quickly. Even with palliative care, given the already weakened condition of most of those stricken in West Africa, the death rate is 70-

80%. Efforts to contain those infected, he said, are tantamount to setting up death camps.

In fact, the perception that treatment facilities are death camps has made it extremely difficult to identify those stricken with infection. Family members hide the sick, believing that if they are taken for treatment, they are being taken to their death. The speaker also pointed out that while the lack of adequate equipment and supplies is largely responsible for the deaths of hundreds of health-care workers providing treatment in epidemic zones, an equal number, especially outside the major cities, are murdered by the local population, who believe that the health workers are responsible for the spread of the disease. In fact, according to the most recent estimates, more than half of the doctors, nurses, and paraprofessional health-care workers in the three countries hardest hit by infection have been killed either by the virus itself, or at the hands of the local population.

All participants agreed that the official numbers barely scratch the surface in accurately reporting the state of the epidemic, and several indicated that numbers reflecting near epidemic incidence of infection in several other countries were being suppressed by governments fearful of the cutoff of trade and virtual isolation.

One such example, and perhaps the most ominous one discussed, is Nigeria. Official estimates put the number of Ebola cases there at fewer than 100, but a representative from Africom, the U.S. Army's Africa contingent, said the number is apparently much higher. Given the size of Nigeria's population, and the enormous volume of travel to and from the continent's largest nation, a significant outbreak there would be a total game-changer.

As those gathered were preparing to travel to New York to participate in various public and private emergency sessions tied to the UN General Assembly, to address the growing catastrophe, President Obama was speaking at a special high-level meeting on Ebola held at the UN, where he shed crocodile tears as he departed from his prepared text to express his "frustration" at the reluctance of other countries in offering concrete assistance, accusing them of taking U.S. intervention for granted.

African leaders knew that, once again, Obama was lying. During his three-day Africa Summit in early August, leaders gathered from across the continent in

Washington, and begged him to discuss the growing crisis, warning that the epidemic was on the verge of exploding out of control. Obama and the Summit organizers steadfastly refused to alter the pre-planned agenda. It is impossible to say how many lives have

been, and will be, lost as a result of Obama's criminal conduct. In a just world, each of those lives should be added to the articles of his impeachment.

The author is a Doctor of Public Health, and was a member of EIR's Biological Holocaust Task Force.

Is Enterovirus America's Ebola?

As the deadly Ebola virus sweeps across Africa, Americans continue to be assured that there is no real danger of the epidemic spreading to the United States. Aside from the fact that that is a total lie, the truth is that Americans have more immediate infections they should be worried about.

As the long-term effects of the economic breakdown assert themselves, health officials are sounding the alarm as previously dormant infections are not only reasserting themselves, but doing so in a far more virulent form than seen previously. One such case is enterovirus D68.

Enteroviruses are a genus of positive-sense single-stranded RNA viruses associated with several human and mammalian diseases, the best known being polio. Serologic studies have distinguished 68 human enterovirus serotypes on the basis of antibody neutralization tests. The D68 strain is a severe respiratory infection that strikes primarily children. The rare strain starts out with symptoms similar to the common cold: a runny nose and a cough. It quickly turns more serious, especially in children with asthma, landing its victims in the intensive care unit of the hospital. In recent cases, the virus has also caused paralysis, leading infectious disease specialists to wonder if they are dealing with a new, even more virulent strain than D68.

Although the Centers for Disease Control and Prevention has only reported a couple of hundred confirmed enterovirus cases, public-health officials and medical practitioners warn that this number does not in any way reflect the true number of people who are infected or sick, since the CDC doesn't require hospitals and labs to report cases of enterovirus D68 (EV-D68) infection.

According to Dr. Claudia Hoyen at UH Rainbow

Babies and Children's Hospital in Cleveland, Ohio, enterovirus D68 has probably affected thousands of children in that city alone. She says about 20 children typically go to the intensive care unit each month with respiratory symptoms indicating enterovirus D68 infection at her hospital alone. Hoyen says the ICU there has treated 80 children each month for the last two months.

Reports from Alabama, Colorado, Georgia, Illinois, Iowa, Kansas, Kentucky, Michigan, Missouri, Oklahoma, and Utah tell similar stories.

A Low Profile

Until now, EV-D68 was an uncommon member of the enterovirus family of microorganisms. You may be familiar with a few of its relatives—Rhinovirus (culprit for the common cold), Coxsackievirus (famous for hand-foot-mouth disease) and, as mentioned, poliovirus. Discovered in 1962, EV-D68 has kept a relatively low profile, causing only six small outbreaks between 2005 and 2011 in the Philippines, Japan, the Netherlands, and the United States. Because it was rare, very few laboratories are set up to test for EV-D68, which also explains why we have no idea as to the full scope of this emerging epidemic.

Health officials continue to tell parents "not to panic" if their children begin to exhibit severe wheezing and/or difficulty breathing, *but* they urge them to visit an urgent care center or hospital emergency department with experience treating children immediately. If that isn't possible, parents are urged to call 911.

There was a time, not so long ago, when viral-mediated diseases like smallpox, measles, and polio wreaked havoc on American children. Thanks to immunizations, those days seemed largely behind us. However, the rapid-fire spread of EV-D68 is a clear example of how fast and furiously infectious disease can roam through an unprotected community. The rapid spread of this dangerous virus, for which there is no vaccine or anti-viral medication available, should serve as a wake up call for all of us.

—Debra Hanania-Freeman