

Officials Admit Defeat In Face of Ebola Threat

by Debra Hanania-Freeman

Oct. 12—The Presidents of the three West African countries currently being ravaged by the Ebola epidemic addressed the world's top financial leaders who were gathered in Washington for the annual meetings of the World Bank and the International Monetary Fund, plainly stating the full scale of the growing catastrophe.

The managing director of the IMF, Christine Lagarde, attended the special session, as did UN Secretary General Ban Ki-moon, and World Bank President Jim Yong Kim. President Eileen Johnson Sirleaf of Liberia and President Ernest Bai Koroma of Sierra Leone appeared by video link. Only Guinea President Alpha Conde was able to attend in person.

President Koroma outlined Sierra Leone's most immediate, minimal needs, as he has done repeatedly over the last few weeks: 1,500 more beds; an additional 5,250 medical workers, including 750 doctors, 3,000 nurses, and 1,500 support staff members; 200 ambulances; 1,000 motorcycles for workers tracking people exposed to Ebola; five new Ebola testing laboratories; and 200 vehicles for burial teams and other workers. Given the scope of the epidemic, the request seemed modest. But Koroma did not mince words: "We have clearly stated what is required, and what is required was required yesterday. Commitment on paper and during the meets are good. But commitments as physical facts on the ground are urgently required."

World Bank chief Kim has called for a \$20 billion program to fight the Ebola virus, declaring that the

current response has "failed miserably." In an interview with the *Guardian's* Larry Elliot just before the convening of the Washington meetings, Kim said, "We should have done so many things. Health-care systems should have been built. There should have been monitoring when the first cases were reported. There should have been an organized response. . . . We were tested by Ebola and we failed. We failed miserably in our response."

The irony, of course, is that it is the policies of the institution over which he presides, the World Bank, along with the IMF, that have created the conditions in which diseases like Ebola thrive and spread out of control. But, unlike his predecessors, Kim did not come to the World Bank as the manager of a vulture fund, but as a medical doctor and international health specialist.

No New Money

Despite the pleas delivered to the gathering, no new money was committed. The only response was that the United States and the European Commission pledged to provide rapid medical evacuation services for *Western* health workers who volunteer to serve in the hardest-hit countries, claiming it would help to remove an obstacle to a larger flow of skilled medical personnel into the region.

The lack of medical personnel in an area where 70-80% of the population lives in abject poverty is a salient issue. Before the crisis, Liberia had a total of 61 physicians and 1,000 nurses. Since August, the virus



Bosman

The deadly Ebola epidemic has now spread beyond the three West African nations, where the deaths are now counted in the thousands, and growing exponentially. Cases of Ebola have now been confirmed in Texas, and in Madrid, Spain, and possibly elsewhere. This photo shows a patient suspected of having Ebola arriving by ambulance at Boston's Beth Israel Medical Center on Oct. 13. While health officials have since declared the patient to be in "good condition," there is no escaping the fact that the New Black Death will continue to spread until the necessary measures are taken to stop it.

has taken 234 of them, for lack of adequate protective gear. In Sierra Leone, the total number of hospital beds in a nation of over 6 million people was a mere 327. The number of beds for Ebola patients is now 304, a number woefully inadequate to the need.

The Obama Administration initiative provides no medical personnel, although it does pledge the construction of additional treatment centers. It is, however, proceeding at a painfully slow pace, with the promised military personnel just beginning to arrive. In fact, to date, the only additional medical personnel coming in are volunteers from various relief groups. The only governmental response has come from the tiny nation of Cuba, which has deployed 165 physicians to Sierra Leone.

Brice de le Vingne, operations director for Doctors without Borders, the biggest and most experienced of the organizations battling the epidemic, said that the continued reliance on volunteers two months after the WHO declared the outbreak to be a global emergency, shows that the international effort is "still moving in the wrong direction."

Dr. de le Vingne said that his group has repeatedly asked countries to deploy military personnel, the quickest way to set up treatment centers, "but that's just not

happening." He said they prefer to leave the task to nongovernmental organizations "because they don't want to take the political responsibility."

A senior European diplomat in Geneva, tasked with dealing with health issues, was quoted by the *New York Times* on Oct. 10 saying he was not authorized to speak publicly, but lamented the limited international response. "The scale of the epidemic is what the international community is still not getting. It's becoming obvious that what you need is to scale up by a factor of 20. Anything less simply won't work."

Out of Control

In a report issued on Oct. 8, the WHO admitted that the extent of the spread of the Ebola virus, in the three countries that are considered epicenters of the growing epidemic, is not known. According to the report, the health-care workers on the ground are so overwhelmed by the magnitude of the task and continued lack of resources, they cannot keep anything close to reliable statistics. The report states "The situation in Guinea, Liberia, and Sierra Leone continues to deteriorate, with widespread and persistent transmission of EVD [Ebola virus disease]. . . . There is no evidence that the EVD epidemic in West Africa is being brought under control."

The report warns that the decline in the number of new cases reported "reflects deterioration in the ability of overwhelmed responders to record accurate epidemiological data. It is clear from field reports and first responders that EVD cases are being grossly under-reported." The report notes that the virus is now widespread in all three capital cities, and is growing rapidly in most locations.

Sierra Leone: On Oct. 10, as the official death toll rose to over 4,000, international health officials acknowledged a major defeat in the battle against Ebola in Sierra Leone, unveiling a plan to help families treat pa-

tients at home, recognizing that the health infrastructure is overwhelmed, and that there is no hope of getting enough treatment beds in place to meet the surging need.

The decision signifies a major shift. Officials said they will now begin distributing painkillers, rehydrating solution, and gloves to hundreds of Ebola-afflicted households in Sierra Leone, contending that the aid arriving was not fast enough or extensive enough to keep up with the exponential increase in the rate of infection.

Dr. Peter H. Kilmarx, the leader of the CDC team in Sierra Leone, told the *New York Times* Oct. 10, “It’s basically admitting defeat. For clinicians it’s admitting failure, but we have to respond to the need. There are hundreds of people with Ebola that we can’t bring into a facility.” Another official said, “At least if we can prop up a family’s attempts to care for sick relatives at home, we won’t have them piling up in the streets.”

Kilmarx said the new policy doesn’t mean that they’ve abandoned the effort to increase the number of beds in hospitals and clinics. But he said that before the beds can be added and personnel trained, the growth of the epidemic outpaces those efforts. He acknowledged that the new policy probably increases the risks of someone dying from the disease and also passing it on to relatives. An obviously distressed Kilmarx, appearing on a Reuters video, described the obvious limits of the new policy: “You push some Tylenol to them, and then you back away.”

Jonathan Mermin, another CDC official and physician on the ground said, “It’s not a good policy; it’s a policy out of necessity.” He went on to say, according to the *New York Times* Oct. 10, that when hundreds, and possibly thousands, of people are already dying slowly at home, untreated, and with no place to go, we have to accept the possibility of some form of home care.

Liberia: Here, where the majority of the Ebola deaths have occurred, the circumstances are similar. Last month, the Obama Administration promised to ship 400,000 kits with gloves and disinfectant. “The home kits are no substitute for getting people to a treatment facility,” Sheldon Yett, the UNICEF director in Liberia, told the *Times*. “But the idea is to ensure that if somebody has to take care of somebody at home, they have at least some means to do so.”

Meanwhile, Sierra Leone continues to set up rudimentary holding centers where people with Ebola-like symptoms can go to register and wait for space in a treatment facility. But, the centers offer no treatment and are little more than death traps for the people inside.

The *New York Times* described the horrific scene at one such center in Waterloo, just outside of Sierra Leone’s capital Freetown:

“A man arrived at the Waterloo health center on Friday, clutching his seriously ill 4-year-old daughter. He had ridden from a town more than 100 miles away in a taxi shared with others—possibly exposing them to the virus—and he was exhibiting Ebola symptoms. The girl, her eyes open, was rigid in his arms. She had high fever, diarrhea and had vomited—classic symptoms.

“A nurse shouted angrily at the man from a few feet away, close enough to be infected: ‘Are you trying to spread the virus?’

“He was too ill to respond.

“On the porch of the center lay a corpse, a man dead shortly after arrival. Perpendicular to him lay a patient, still alive but rigid, motionless and prostrate. Inside the center, a few yards away and unprotected from them, dozens of patients had crowded in, seeking treatment for other illnesses.”

Back in the USA

In the U.S., officials continue to repeat assurances to an increasingly skeptical public that procedures are well in place to contain Ebola’s spread should infected individuals arrive here. On Oct. 11, CDC workers at five U.S. airports began measures to screen passengers arriving from West Africa, using infrared devices to take their body temperature. It’s a meaningless measure.

When Thomas Eric Duncan arrived in the U.S. from Liberia, his body temperature was normal. It wasn’t until six days later that his fever spiked to 103°F, and even then, when he visited the emergency room at Texas Presbyterian Hospital with that high fever and severe abdominal pain, vomiting, and diarrhea, he was sent home. It wasn’t until three days later, when his symptoms grew even worse, that he was admitted to the hospital.

At the time, one government official after another, from Texas Gov. Rick Perry to CDC Director Tom Frieden, to President Obama himself, rushed to reassure Americans that there was no danger of an Ebola epidemic in the United States. Frieden insisted that we were prepared to “stop Ebola dead in its tracks.” Americans were bombarded with disinformation about the virus, with statements about how difficult it is for the virus to spread; statements that the majority of Americans simply don’t believe. After all, if the virus is so difficult to transmit, people wonder, why is it spreading so rapidly in Africa? And, why is it that when we trans-

ported individuals back to the U.S. for treatment, we did so in the most sophisticated bio-containment units?

Officials repeatedly pointed to the fact that the Ebola virus is not airborne and that furthermore, the United States is not West Africa, and that if anyone presented with the infection here, they would receive the necessary treatment; that nobody in the U.S. was likely to die from Ebola.

On Oct. 8, Thomas Eric Duncan died. His death blew apart much of the propaganda. In a conference call sponsored by the Wilson Center, a Washington think tank, Dr. Anthony Fauci of the National Institutes of Health was forced to alter his earlier insistence regarding modes of transmission of the virus. Earlier, Fauci kept emphasizing that since Ebola was not airborne, it could not be transmitted by coughing or sneezing. The assertion, coming from someone with Fauci's knowledge, is deliberately misleading.

The fact that the virus is not airborne simply means that the virus does not exist freely, without a host, in the air. However, it is well known that the virus is present in high concentration in all the body fluids, including the sputum and saliva, of an Ebola victim. So, while the virus may not be airborne, it certainly can be transmitted if someone is exposed to the aerosol spray, emitted by a cough or sneeze, from an infected individual. And, as the reservoir of infected individuals increases, as it certainly has done in West Africa, the likelihood of spread by this mode increases.

Fauci was forced to admit that this was true, but continued to downplay the danger of any such occurrence in the U.S., insisting that we would never experience more than a few isolated cases of Ebola here, and that anyone who did present with symptoms would be hospitalized immediately. However, the Duncan case proves otherwise. Later that same day, the WHO issued an advisory admitting that although Ebola was not, to anyone's current knowledge, airborne, it could be spread by sneezing.

Never failing to exhibit their utter stupidity, a group of Republican Senators who needed to sign off on the Administration's request for \$1 billion to fight the spread of Ebola, urged their colleagues to oppose the measure. Sen. David Vitter (R-La.) complained that the measure focused on delivering aid to Africa rather than focusing on "our own borders." He was soon joined by Ted Cruz (R-Tex.), James Inhofe (R-Okla.), and John McCain (R-Ariz).

Their arguments were demolished soon after they were uttered, when Gen. John Kelly, the head of the

U.S. Southern Command (who also headed up the U.S. response to the Haiti earthquake), speaking on "Emerging Challenges in the Western Hemisphere" at the National Defense University, raised the reality that there was no way that the "horrific" Ebola disease would be contained in West Africa, and that when it comes to the Western Hemisphere, "much like West Africa, it will rage for a period of time," because many countries also have very little ability to deal with an outbreak.

Kelly pointed out that the same crime syndicates that run drugs also run the people-smuggling rings which use Central America for transit, serving as an exacerbating factor for the spread of Ebola. If Ebola gets into Guatemala, Honduras, or El Salvador, it will cause mass panic and migration, he said. "There will be mass migration into the United States. They will run away from Ebola, or if they suspect they are infected, they will try to get to the United States for treatment." He dismissed the idea that we could seal our borders, calling instead for an approach that addresses the absence of health facilities, schools, and basic infrastructure from entire areas of the region.

There is no escaping the fact that the situation is very grim and that it is worsening. While there is no evidence at this time that the Ebola virus was cooked up in some British laboratory, we do know that the policies of the Anglo-Dutch Empire, as implemented by international financiers, have intentionally created the conditions that have given rise to this catastrophe.

But there are solutions, even to this horror. Thankfully, half of humanity is not dominated by the bankrupt financial system of the British Empire. We look to the BRICS and allied countries, where an alternative economic order is being born, where developments in technology, and especially in high energy-flux-density technologies, are not only moving forward, but doing so with the promise of eradicating the murderous policies that have brought us horrors like the Ebola epidemic.

So, although many more people are most certainly going to die, there is hope that those who survive will be able to do so in world governed by reason, where human life is valued as precious. There is no question that the bankrupt, old system is dead. The only question is how long it is able to linger on, for the longer it does, the more human lives it will take. Much of that depends on whether the American people will force a decisive break with Obama and these murderous policies.

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