

To Avoid Global Black Death, Obama Must Be Kicked Out Now

by Debra Hanania-Freeman

Oct. 20—Long before the current Ebola crisis became front-page news, President Barack Obama had committed high crimes and misdemeanors that warranted his impeachment, the most recent being his arrogant refusal to ask Congress for formal authorization—as the U.S. Constitution clearly requires—for the supposed war against the Islamic State in Iraq and Syria. But that seemingly ever-expanding indictment pales when measured against his continual lies to the American people about the dangers posed by the deadly virus Ebola, and his cynical refusal to take the essential steps, both domestically and internationally, to shut down the existential threat Ebola poses not only for own nation, but for all of mankind.

After a week of posturing, in his Saturday Oct. 18 weekly radio address, despite the blatant display of the inadequacies of U.S. health-care preparedness and delivery as seen in the handling of America's first Ebola case, Obama knowingly lied again, assuring the American people that, although errors had been made, everything was now “under control.” He asserted: “Ebola is actually a difficult disease to catch. It's not transmitted in the air like the flu. You cannot get it from just riding on a plane or a bus. The only way that a person can contract the disease is by coming into direct contact with the bodily fluids of somebody who is already showing symptoms.”

Obama's assertion flies in the face of the out-of-control transmission of the disease in West Africa, as well

as competent scientific evidence which has been widely circulated in even the “mainstream” media. But these are not innocent mistatements made out of ignorance; they stem from a policy, long held by the British Empire, for which Obama is merely a stooge—a policy of deliberate *depopulation* of the planet. Keep Obama in power, and that policy will succeed, just as the Black Death did in the 14th Century. (See box.)

Spin Doctors, Not Science

Obama's address came just a day after he had declared, in an attempt to show that he was “on the case,” that he was appointing an “Ebola response coordinator” who would work under National Security Advisor Susan Rice and Counterterrorism Advisor Lisa Monaco to oversee the government's Ebola response effort in the United States and West Africa. But the move was exposed as nothing more than a measure designed to cover up the President's total failure of leadership in the midst of the crisis, when the person named to the post was Al Gore's former chief of staff Ron Klain, a notorious D.C. political hack.

The appointment immediately encountered harsh criticism, since Klain has no background in health care or medicine. The White House countered by claiming that Klain's responsibilities would be largely managerial and “behind the scenes.” Just how far “behind the scenes” became apparent when Klain failed to attend any of the emergency meetings called



USAID/Morgana Wingard

Health-care workers put on protective equipment at a clinic in Monrovia, Liberia. While U.S. domestic response to the disease must be improved, the focus of international effort must be West Africa, where White House response has been a travesty.

categories of health or medical professionals.

During any public health emergency, the government has a responsibility to communicate health advice to the public, especially in a situation like this one, when the mishandling of the case of Thomas Eric Duncan in Dallas stoked fears about a full-blown Ebola outbreak in the United States. There should be someone who can not only provide reliable and honest information, but who also has the authority to direct an overall public health response. That person is the Surgeon General of the United States. The problem is, the U.S. doesn't have a surgeon general.

The public face of the Ebola response has, instead, become Thomas Frieden, director of the U.S. Centers for Disease Control and Prevention (CDC), the agency that has been charged with one potentially deadly misstep after another in its response to the Ebola crisis. No competent health-care professional could deny

by the White House, between the President's two weekend rounds of golf and prior to the resumption of his political campaign tour. One pundit remarked that while America's health-care infrastructure is disintegrating, the "spin doctor" still isn't listed among the

forms of destruction, which we compel nature to use. . . . In our towns we should make the streets narrower, crowd more people into the houses, and court the return of the plague."

The Empire Wants a New Black Death

Spokesmen for the British Empire have been explicit in their desire for a New Black Death to reduce population:

- Thomas Malthus, in his "Essay on the Principle of Population," in 1791:

"...we should facilitate, instead of foolishly and vainly endeavoring to impede, the operations of nature in producing this mortality; and if we dread the too frequent visitation of the horrid form of famine, we should sedulously encourage the other

- Lord Bertrand Russell, in his book *The Impact of Science on Society*, published in 1953, on population reduction: "War . . . has hitherto been disappointing in this respect, but perhaps bacteriological war may prove more effective. If a Black Death could be spread throughout the world once in every generation survivors could procreate freely without making the world too full."

- Prince Philip, consort to Queen Elizabeth II, in 1988: "In the event that I am reincarnated, I would like to return as a deadly virus, to contribute something to solving overpopulation."

that the procedures used in treating Thomas Eric Duncan were appalling. There were no CDC protocols in place. Safety suits had exposed necklines, which meant that nurses had to cover their skin with tape; not a great option, since when the tape is removed, it abrades the skin, actually increasing the potential for infection.

Frieden dished out assurances that anyone who actually came into contact with Duncan—be they friends and family or health-care personnel—was being monitored. That turned out to be a very loose statement. One nurse who was heavily involved in Duncan’s care flew to Cleveland, taking two commercial flights. When she took sick there, she consulted CDC, and after being told that it was okay to fly back to Dallas even though she had a fever, she took two more commercial flights. She is now hospitalized at Emory Hospital in Atlanta, Ga., one of the four hospitals in the U.S. actually equipped to safely treat Ebola patients.

Nurses Speak Out

The mishandling of the Duncan case and its immediate aftermath did make one thing abundantly clear: Our hospitals are not prepared to confront this deadly virus. RoseAnn DeMoro, the executive director of National Nurses United, after the association conducted a survey of nurses at facilities across the United States, issued a statement that “there can be no standard short of optimal protective equipment, such as hazmat suits, given to nurses and others who are the first to engage patients with Ebola-like symptoms. All nurses must have access to the same state-of-the-art equipment used by staff that transported Ebola patients from Africa, but too many hospitals are trying to get by on the cheap.

“In addition, hospitals and other frontline providers should immediately conduct hands-on training and drills... Hospitals must also maintain properly equipped isolation rooms...”

DeMoro said that Ebola had also exposed a broader



NationalNursesUnited.org

Nurses are sounding the alarm that U.S. hospitals are unprepared to deal with the crisis. Here, a press conference this month by the Registered Nurse Response Network, with National Nurses United Director of Disaster Relief Bonnie Castillo, RN, at the microphone.

problem that has become a sober reality of the Obamacare geometry: “an uncoordinated private health-care system.” She welcomed the fact that CDC had issued new protocols and guidelines to deal with Ebola, but pointed out that CDC has no authority to enforce them. Instead, what we have is “a corporate medical system whose decisions are based on budget priorities, not what is best for the health and safety of patients and caregivers. Congress and state lawmakers put few mandates on what hospitals must do in the face of pandemics or other emergencies, and local health officials do not have the authority to direct procedures and protocols at hospitals.”

She noted the contrast with other countries such as Canada that took action after vulnerabilities were exposed by the 2003 SARS epidemic, empowering their public health agencies to coordinate local, state, and Federal detection and response efforts for pandemics. The United States, on the other hand, cut funding for its already weak system, noting that Federal funding for public health preparedness and response was \$1 billion less in fiscal 2013 than it was in 2002.

Osterholm: Time Is of the Essence

Michael Osterholm, one of the world’s foremost experts on infectious disease policy and the director

of the University of Minnesota's Center for Infectious Disease Research and Policy, said that what happened in Dallas should not have happened. He also offered sharp criticism of the call for a "CDC SWAT team" response to Ebola cases in the United States, calling it inefficient and inadequate.

"Each and every hospital in the United States, and there are 5,000 of them, does not need to be prepared to care for an Ebola patient. This takes lots of practice, it takes a specific kind of equipment that you want to have protect your health-care workers," he said in an interview with MPRnews.org from Minneapolis on Oct. 16.

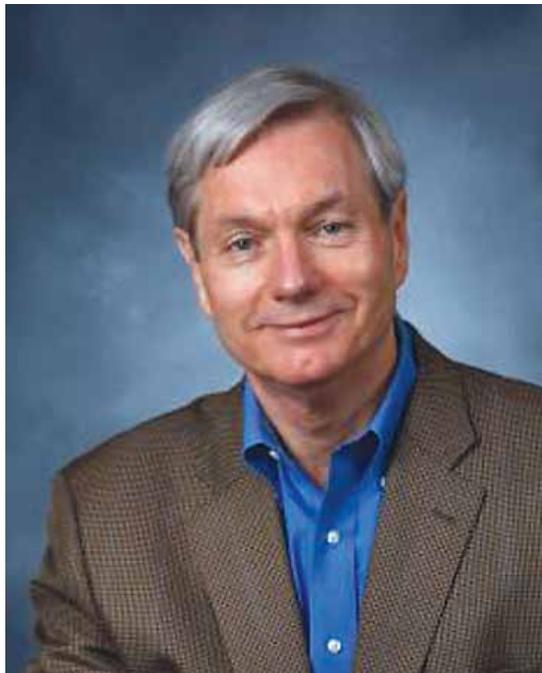
"We believe every hospital, every emergency room, every urgent care, needs to be prepared to see a possible patient with Ebola because we don't know where they'll show up. But once you have triaged that, and you prioritize and know that these people are potential cases of Ebola, they have to be safely transported to one of what I would consider a series of regional centers that are well prepared for this."

Osterholm said that with relatively little effort, we could—and have to—go well beyond the four hospitals that have already been named as major treatment centers, and establish regional treatment centers.

"Then those institutions can immediately begin to provide safe and effective care. And the CDC team would arrive a day or two later. If we don't have these teams prepared now, the first 48 hours could be the critical time period when exposures occurred, and they very well may be when the exposures in Dallas occurred.

"The CDC model is helpful, but it's not going to be there that first minute that patient presents to medical care, and that's the most critical minutes."

But, he also warned that while we had to make sure we had measures in place here in the United States, the focus absolutely had to remain on West Africa, saying



University of Minnesota
Infectious disease specialist Dr. Michael Osterholm is calling for an international "Manhattan Project" to develop an Ebola vaccine.

that the inadequacy of the U.S. response has been nothing less than a travesty.

"When we talked about this way back in July," Osterholm said, "we talked about the opportunity here to intervene in an aggressive way to try to stop this from spreading, and we have not done that. We still have not constructed one single hospital bed in West Africa, we, being the United States, even though we promised weeks and weeks ago, we would do so. Everything is moving in bureaucratic or program time while the outbreak is moving in virus time."

Osterholm has repeatedly stressed that if we have any hope of averting a global catastrophe, time is absolutely of the essence.

Africa: Bring Down the Death Rate

Lyndon LaRouche emphasized earlier this week that the first and immediate priority is taking whatever action is necessary to begin to bring down the death rate in West Africa, and doing that means containing the spread of the infection, both numerically and geographically, and providing state-of-the-art treatment to the thousands who have already been infected.

Contrary to any spin doctors, the Ebola epidemic in West Africa is out of control, and spreading too rapidly to be accounted for. The virtually non-existent health-care system that existed *before* the outbreak has been wiped out, and even starvation looms, as the disruption of society has negatively impacted food production, and led to galloping food price inflation.

In an essay that ran simultaneously in the *Washington Post* and the *London Review of Books* in early October, Paul Farmer, the chairman of Harvard Medical School's Department of Global Health and Social Medicine, and a co-founder, along with World Bank President Jim Yong Kim, of the global health organization Partners in Health, said that it would be "scandalous" if the crisis were allowed to escalate without providing at

least the tools and resources that are on hand to stop it. Farmer pointed out that every public health professional is well versed in “the four S’s” that must be employed to contain an epidemic: stuff, staff, space, and systems.

He elaborated on the four S’s desperately needed in West Africa now:

“There must be ‘uninterrupted supplies’ of personal protective equipment, rehydration fluids and salts, medications, food, fuel, lab equipment, batteries etc., delivered to these countries.

“Second, staff is essential; nurses, doctors, and logisticians etc., along with training, and adequate pay must be guaranteed.

Third is space, i.e., ‘rebuilding of primary care’ facilities.

“The outbreak has put an enormous strain on already weak health systems,” as people are going untreated for basic illnesses, thereby further weakening their health.

“Fourth, a system of prevention of the spread involving proper care for quarantined patients, coordination of information, research, logistics, and training.”

Despite Obama’s pompous claims at the UN General Assembly meeting in New York Sept. 24, that the U.S. was singularly leading the effort in West Africa, the truth is that his Administration has done very little. Not only have other countries done more, but the situation in Dallas served to divert attention away from America’s inaction in West Africa.

Tiny Cuba has sent close to 200 physicians to Sierra Leone and is preparing to send more. China has sent teams of doctors along with 80 tons of protective suits, disinfectants, thermometers, and pharmaceutical supplies. Even Great Britain has dispatched the *RFA Argus*, a vast hospital and support vessel, to Sierra Leone to act as a forward base for army medics, engineers, and aid experts who will build and operate medical centers, train local doctors and nurses, and transport vital supplies. But, although the ship has close to 100 medical staff on board, and has the sort of facilities available at any British hospital, it will only provide medical cover to British personnel who might suffer injury or illness while working in Sierra Leone.

But, ultimately, as Osterholm pointed out, “we have to absolutely swarm West Africa with resources and medical personnel.” The obvious model for such

an effort is the Berlin Airlift of 1948-49, during which the U.S. military flew hundreds of thousands of tons of supplies into West Berlin. Similarly, the glaring lack of hospital beds in the West Africa epicenter could be at least partially alleviated if a joint international effort were mobilized and the United States, China, Russia, and Great Britain, among other countries, all of which have fully equipped hospital ships, were moved into the waters off the coast of the affected areas to provide actual treatment. (See following article.)

Global Manhattan Project Needed

Osterholm has also called for an international “Manhattan Project” to develop an Ebola vaccine, “bringing together a group of world experts to challenge all the notions, all the timelines, all the resource needs that are really critical to making this happen.”

“In the end that’s going to be the fire hose that will put out that infectious disease forest fire there, which in turn is throwing out these sparks, these embers, that are going around the world, that are causing the Dallas-like situations,” he told MPR.org. “If we want to make sure that we don’t have more Dallas-like situations, we want to make sure that we put the forest fire out in Africa right now. That’s critical.”

Currently, there are numerous vaccines being tested in many countries. But, while many hold great promise, in many cases vital time and resources are being spent duplicating efforts. A global Manhattan Project would streamline such work, as well as establish the necessary quality standard for human trials and distributions, with peer review conducted by the world’s best scientific minds.

The urgency of the kind of global effort to wage war on this deadly virus simply cannot be overstated, not simply from a humanitarian standpoint, but from one of self-interest and security, for every nation, and every human being on this planet. No nation, no head of state, no Barack Obama, can be permitted to stand in the way of that.

See below for the record of the LaRouche movement, dating back to 1974, in warning of the threat of biological holocaust resulting from the failure to break with the Wall Street-London monetarist system, with its murderous austerity conditionalities on poor nations.