Despite Obama's Happy Talk, Ebola Still Ravaging Africa

by Debra Hanania-Freeman

Dec. 5—On Dec. 2, President Obama, accompanied by his sock puppet Dr. Anthony Fauci, visited the National Institutes of Health (NIH) to compliment himself for his great success in leading the rest of the world in the fight against the Ebola epidemic that has been ravaging West Africa since March.

According to Obama's self-serving, and some would say delusional, remarks, the United States is taking the lead in the world's response to Ebola—in treating, containing, and preventing the spread of this devastating outbreak. "Part of American leadership in the world—one of the things that has always marked us as exceptional—is our leadership in science and our leadership in research."

"In fact," Obama continued, "thanks to critical investments and the efforts of our health-care workers, the U.S. is now in its strongest position to rapidly respond and protect the American people:

"• We now have 35 facilities nationwide that are prepared to treat an Ebola patient—up from three facilities just a few months ago.

"• We have increased the number of domestic labs capable of testing for Ebola from 13 to 42.

"• We now have some 3,000 American civilian and military personnel on the ground in West Africa, up from several hundred a few months ago.

"• American leadership has helped to galvanize more than $2 billion in contributions from the international community for the Ebola response."

The previous day, the World Health Organization

White House video

As Obama was grandstanding about his "success" in the fight against Ebola in Africa, Doctors Without Borders, the NGO combatting the epidemic, issued a scathing attack on the international community for its pathetically inadequate reponse.

(WHO) said that significant progress has been made in reversing the upward trajectory of cases in the three West African countries ravaged by the disease, but admitted that it was extremely doubtful the year-end goals of isolating and treating all patients and safely burying all the dead would be met.

FIGURE 1
35 U.S. Hospitals Equipped To Deal with Ebola

Source: U.S. Department of Health & Human Services

Note: Due to proximity, some locations overlap.

Hospitals 'Prepared' To Treat Ebola?

All the happy talk, if it isn't just outright conscious lying, is, at the very least, ill-founded.

In the United States, it is true that 35 facilities have now set aside units that the Centers for Disease Control (CDC) have deemed as "prepared" to treat an Ebola patient, but none, outside of the original three facilities (NIH, Bethesda, Md.; Emory University Hospital, Atlanta; Nebraska Medical Center, Omaha) have actually been tested in live situations. And live Ebola cases that are transported to the U.S. from West Africa are still being sent to one of the three facilities with genuine Level 4 Isolation Units.

Practitioners have also questioned the location of the 35 facilities the CDC has designated. For instance, the entire state of California has only four designated facilities. Two—UC Davis Medical Center and Kaiser South Sacramento Medical Center—are in the Sacramento region. Two others—UC San Francisco Medical Center and Kaiser Oakland Medical Center—are in the Bay Area. None of the facilities listed by the U.S. Department of Health and Human Services (HHS) are in Southern California, where more than half the state's population resides.

Obama used the occasion of the NIH photo op to call on Congress to approve $6 billion in emergency funds to underwrite both the domestic and international response to the epidemic before the end of this year's Congressional session.

The situation on the ground in West Africa makes clear that the need for additional funds is unquestionable.

In its report on Nov. 29, WHO said that 6,928 people were now known to have died from Ebola, with more than 17,000 known to have been infected. All but 15 of those deaths occurred in Guinea, Sierra Leone, and Liberia. But, even WHO cautions that its current figures may vastly underestimate the actual death toll. The CDC believes that the actual number is somewhere between two and four times the number published by WHO. And, despite all the propaganda insisting that the epidemic in Liberia is not only under control, but subsiding, Liberia has seen the sharpest increase in the death toll, with more than 1,000 new occurrences of the highly contagious disease, since WHO published its most recent data. Liberia has also seen the most fatalities.

The explanation for the recent sharp increase in deaths isn't clear. One WHO spokesman has said that the increase may not be due to a new outbreak, but rather to previously unreported deaths now being accounted for. Local authorities and agencies have not been equipped to handle the outbreak, and WHO has said that they haven't been able to process paperwork, including death certificates, as quickly as the statistics change.

Many New Cases

One critical measure of the status of the epidemic is the number of new cases reported. It does seem that the

exponential growth rates of those infected that were apparent during the Summer months, has slowed somewhat; but there are still more than 1,200 new cases being reported per week, with more than 100 new cases per day in Sierra Leone alone. And, contrary to the impression one would get from press reports, the numbers are higher for November than they were for October. Tony Banbury, the head of the UN Ebola response mission in West Africa, has warned there is still a "huge risk" the deadly disease could spread to other parts of the world.

And, just as there are questions about the accuracy of the death toll, the number of new cases is very hard to determine. For instance, in Liberia, during the Summer, the virus was concentrated in the capital city. Monrovia's high population density obviously was a factor in the rapidity with which the virus spread. But, it was also the case that the government had a better capacity to monitor what was going on. Now, although the rate of new infections in the Monrovia has slowed, the virus has migrated into other areas of the country where there is little or no reporting capability.

The shift in the geography of the epidemic has not only complicated efforts to track the rate of infection, it has also complicated the efforts to eradicate it. For instance, in Guinea, Ebola is now thought to be in nearly twice as many districts as it was just two months ago, when the UN established a new mission to coordinate the international response. And in Sierra Leone, Ebola is ravaging the western part of the country, while only a handful of new cases are surfacing in previous hot spots.

'Doctors Without Borders' Condemns Response

Perhaps the most realistic assessment of the epidemic has come from the NGO Mèdecins Sans Frontières (MSF/Doctors Without Borders). On the same day of Obama's visit to NIH, the group launched a scathing attack on the international community for what it called its slow and patchy response to the effort to eradicate the disease in West Africa.

Three months after MSF called for international intervention, its international president, Dr. Joanne Liu, said it was "extremely disappointing that states with biological-disaster response capacities have chosen not to deploy them." She said people "are still dying horrible deaths in an outbreak that has already killed thousands," and urged the world not to be complacent. "We can't let our guard down and allow this to become a 'double failure': a response that is slow to begin with, and then is ill-adapted in the end."[1]

In a six-page briefing paper entitled "Ebola Response: Where Are We Now?", the MSF said the situation was "far from under control" in Sierra Leone, that the "situation is alarming," and, while progress was being made in Liberia, there was no room for complacency. "The outbreak is far from over, as a single case can start a localized epidemic," it said, reporting infection chains starting in remote rural areas with no access to treatment centers or testing facilities.

MSF said case numbers had dropped in Monrovia, where there was now surplus bed capacity, but added that many international agencies "seem unable to adapt to the rapidly changing situation," with outbreaks in Bong, Margibi, Gbarpolu, Grand Cape Mount, and River Cess counties. In some areas, such as River Cess, patients must travel for up to 12 hours by road to reach a functioning laboratory and a community care center.

Guinea, where the outbreak started, was "long overlooked by international efforts," according to MSF, which said the response was "painfully slow." It said Guinea's task force for dealing with Ebola was improving, but that the caseload in November, month on month, was up 25%. It added: "New areas are reporting infections and 17 of Guinea's 33 prefectures have reported cases in the past three weeks.

"Like in Sierra Leone and Liberia, the absence of implementing partners willing and able to manage case management centers and a lack of trained staff have been a bottleneck and the source of large delays."

Infection is increasing "alarmingly" in Sierra Leone, said the report, and local health-care workers are carrying the burden. The latest number of confirmed cases in the country is 5,978.

The MSF report said the U.K.'s contribution in Sierra Leone has yet to have an impact, two months after its aid program was announced. The U.K. and China have sent teams to build Ebola centers in locations including Port Loko, Freetown, and Makeni, the worst-affected of the country's 14 districts.

MSF said the U.K.'s promise to build and provide resources for an additional 700 beds had yet to be ful-

1. As quoted in *The Guardian*, Dec. 2, 2014.

filled. "As of 27 November, only 11 of these beds were operational, and only 28 patients had been treated. While the remaining centers are under construction and scheduled to open soon, they will not be running at full capacity until well into the new year."

Since the U.K. government's announced plans for six hospitals, only one has opened, in Kerrytown, an hour's drive from Freetown. About half of the available beds are government-run or run by the armed forces, with another 40% run by MSF, it said.

The U.S. has similarly announced a major scaling back of its initial promise to build 17 treatment centers of 100 beds each in Liberia. In a briefing this week, Gen. David Rodriguez, the Commander of U.S. Africa Command, said that the current plan was to construct 10 facilities with a treatment capacity ranging from 10 to 50 beds.

"In the absence of adequate facilities to isolate, diagnose and manage Ebola cases, Sierra Leonean healthcare workers are struggling," MSF said. "[We are] deeply concerned about contamination of uninfected patients and healthcare workers where staff are not necessarily trained to manage Ebola patients and where infection control measures cannot be assured." Indeed, on Dec. 5, two Sierra Leonean physicians died after contracting the virus. To date, approximately 350 West African health-care workers have died from the disease—106 of them in Sierra Leone.

"We are devastated at this hemorrhaging of our healthcare workers," a senior Health Ministry official told Reuters, asking not to be named. While addressing Parliament on Dec. 5, Sierra Leone President Ernest Bai Koroma called medical personnel fighting Ebola the country's "greatest patriots" and pledged to pay the families of all medical staff who die battling Ebola $5,000 in compensation.

Lack of education about Ebola in all three countries is still a major issue and will prevent the containment of the virus. "MSF teams are still finding that misconceptions about Ebola are widespread and stigma is intense,

LaRouchePAC Emergency War Plan Against Ebola

Dr. Debra Hanania-Freeman, national spokeswoman for Lyndon LaRouche, issued an Emergency War Plan Against Ebola on Oct. 24. The complete statement can be found in EIR, Oct. 31, 2014. Here are the key points.

Michael Osterholm, Director of the Center for Infectious Disease Research and Policy at the University of Minnesota, and one of the world's leading experts on public health and biosecurity, has been widely quoted identifying the three phases of epidemic control:

Plan A: Smothering the virus where it is currently epidemic.

This depends on having a sufficient number of hospital beds and health-care providers to care for each patient. In an ideal setting, each patient identified is isolated to ensure the virus is not transmitted to family, friends, and the community at large. Once a patient is identified, public-health workers go to work at contact tracing, so that any contact that begins to show signs of infection can be similarly isolated, and the process repeats itself.

This is a classic public-health approach, and succeeds in halting a virus's spread after single introductions of the disease. It has worked in containing the outbreak of Ebola and other infectious diseases in the past. It is what was done last month when a Liberian diplomat collapsed upon arrival at Lagos airport in Nigeria and was diagnosed with Ebola. However, if an infected person reaches a crowded area, especially if that is an area where public-health infrastructure and health-care services are limited, there is a danger of the exponential spread of infection. Then, it is time for Plan B.

Plan B: Mobilizing every aspect of health and medical infrastructure to identify the infected, and quickly isolate and treat them to stop any further spread of infection.

For Plan B to succeed, at the very least, 70% of those infected must be identified, isolated, and treated.

Plan C: The only guaranteed solution to an infectious disease epidemic: the delivery of an effective vaccine to most of the population in an area hit by epidemic.

leading some to avoid seeking treatment or report cases," the report said of Liberia. In a recent example, it found that people who had been in contact with the sick were fleeing into the bush so as not to be traced, fearful of what would happen if they were.

EIR's Emergency War Plan

But, not even the MSF report mentions the fact that the attempt to deal with the epidemic by health-care systems that were already strained, has led to sharp increases in the death rates from other causes. Malaria death rates have skyrocketed in all three of the hardest hit countries, and premature births now represent the leading cause of death among infants. And, there is no effort to restore the infrastructure, or provide personnel, that have been so drastically diminished.

Perhaps the only area where some progress has been made is the development of more efficient methods for testing, and therefore providing early detection of infection. There are also reports that several of the trials testing various vaccines are yielding promising results. But those efforts continue to suffer from lack of international coordination along the lines of an international Manhattan Project approach that *EIR* called for in its Emergency War Plan. As a result, critical time and energy are still being lost in duplication of efforts.

The epidemic is also having a devastating effect on the economies of the hardest hit countries. According to a report released by the World Bank on Dec. 2, Liberia, Sierra Leone, and Guinea all face negative growth both this year and next because of the virus, and all three of those nations are currently suffering food emergencies.

The fact, however, is that it isn't the Ebola epidemic that is causing the economic devastation of the region. It is the other way around. In the 1970s and '80s, *EIR* first documented the fact that the economic and financial policies imposed on Africa, if they were to continue, would create the conditions for nothing less than a biological holocaust. And, while efforts to contain and defeat this current epidemic are critically important, the fact is that the only real security lies in the eradication of the genocidal policies that have given rise to the epidemic in the first place.

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