

# Ebola Virus Outbreak Discussed in Special Session of the United Nations General Assembly

CDC says 1.4 million may be infected by 2015 if spread is not halted

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*A special session at the 69th United Nations General Assembly discussed the spread of the Ebola Virus Disease (EVD) in several West African states. Numerous world leaders including the African Union (AU) Commission Chair Dr. Nkosazana Dlamini-Zuma and Director General of the World Health Organization (WHO) Margaret Chan spoke to the worsening crisis and the need for assistance from the international community to effectively address the burgeoning impact of the disease which has killed over 3,100 people since March.*

As an outcome of the meeting a United Nations Mission for Ebola Emergency Response (UNMEER) was initiated. The agency was set to establish an office in Accra, Ghana on Sept. 29 which is designed to coordinate relief and assistance programs aimed at the three most effected states Sierra Leone, Guinea-Conakry and Liberia.

Cases of the disease have been reported in Senegal and Nigeria as well. Nonetheless, both governments of these states say that the Ebola outbreak is under control. Other infected persons were reported in the northern region of the Democratic Republic of Congo (DRC) although it was claimed that the outbreak there is unrelated to the strain of the virus that has spread so rapidly in West Africa.

## **Epidemic Could Impact Millions**

During the same time that the UN General Assembly was convening in New York City, the United States based Center for Disease Control (CDC) sounded the alarm saying that if the Ebola outbreak was not seriously addressed there could be up to 1.4 million cases by the early months of 2015. Despite the reports involving the most recent epidemic of the potentially deadly disease, the response from the western industrialized states has not been rapid or robust. (CDC Report, September 23)

By Sept. 29 the Associated Press would write that:

“The needs of the outbreak have continually outstripped projections: WHO says around 1,500 treatment beds have been built or are in the works, but that still leaves a gap of more than 2,100 beds. Between 1,000 and 2,000 international health care workers are needed, and they and local doctors and nurses will require millions of disposable protective suits to stay safe. Thousands of home hygiene kits are also being flown in to help families protect themselves at home.”

The address by Nkosazana-Dlamini, the AU Commission Chair, reported on efforts already underway to provide healthcare professionals and logistical support recognizing the humanitarian organizations such as Doctors Without Borders, the International Committee of the Red Cross, among others. She noted that an AU Ebola Outbreak in West Africa (AUEOWH) group had been established.

Nonetheless, much more needs to be done to prevent the spread of the virus and to effectively treat the thousands who have already been infected. As a result of the high mortality rates among those infected, support services will be needed for the affected families where many children will be left as orphans.

### **Medical Assistance Must Be Related to Development**

What is obvious about the spread of this disease is the lack of medical personnel and infrastructure in the impacted states. Both Liberia and Sierra Leone have undergone civil wars over the last two decades displacing millions and leaving tremendous social problems which the subsequent governments have not been able to effectively stem.

Guinea, after breaking with French imperialism between 1958-1984 under the Democratic Party (PDG) led by President Ahmed Sekou Toure, fell victim to neo-colonialism after the death of its founder when a military coup placed the country back under the complete dominance of Paris and Washington. Periodic outbreaks of unrest and successive military coups have hampered the mineral-rich nation from providing resources aimed at building its internal infrastructure.

Dlamini-Zuma in her speech said more medical personnel from AUEOWH would be deployed to the three most severely struck states. "This includes medical specialists from countries such as Uganda and the DRC that have dealt with Ebola before. We shall be sending further teams to Sierra Leone and Guinea, but it is yet a drop in the oceans, we need hundreds more volunteers." (AU Statement on Ebola Crisis, Sept. 25)

Moreover, the AU Commission Chair stated clearly that the immediate crisis must be approached within the context of medium and long term objectives related to the necessity of developing African healthcare systems and research institutions. Methods for treatment and identifying trends within disease transmissions are essential in the fight to eradicate the outbreak.

"The Global Coalition to be launched today must look at all these immediate and urgent issues," Dlamini-Zuma said. "At the same time, effective disease control is about having strong public health systems in place, with access to health care for all and institutions at national, regional and continental levels to share information on diseases."

Cuban Foreign Minister Bruno Rodriguez Parrilla in his statement before the UN General Assembly session on the Ebola crisis also stated firmly that "The General Assembly's unanimous approval of Resolution A/RES/69/1 on September 19, is a clear demonstration of a universal awareness of the need to provide an immediate response to this disaster using all necessary resources, in order to prevent it from becoming a humanitarian crisis with unpredictable consequences for a continent which has been historically ignored and in which presents serious social problems and underdevelopment which have allowed for the

emergence and spread of the disease. Human, material and financial resources are required to tackle Ebola, but also to ensure the development of Africa.” (Granma International, Sept. 26)

## **Medical Apartheid**

In a blog published by the Washington Post, Karen Attiah pointed out how no African physicians infected with Ebola have been evacuated for treatment to the United States. However, several white medical personnel were immediately sent back to the U.S. for treatment where all have recovered.

Attiah stresses that these West African states are already suffering from huge shortages of medical personnel. The deaths and sickness of some of the leading physicians in Sierra Leone and Liberia is serving to worsen the overall crisis.

“Very recently, Dr. Olivet Buck, a Sierra Leonean doctor, died after the World Health Organization denied a request that she be transported to Germany for treatment. In July, Dr. Sheik Humaar Khan, an eminent physician that headed up Sierra Leone’s Ebola response, died after negotiations for his evacuation,” Attiah said.

In addition to these contradictions, complaints have already been leveled against western institutional responses to the crisis.

“The U.S. Agency for International Development came under fire briefly after it was reported that the field hospital it was setting up in Monrovia (Liberia) was intended to treat only foreign workers. The agency now says that the facility will treat health workers of all nationalities,” Attiah noted.

She continued pointing out that “On Sunday (Sept. 28), health officials reported that Liberia’s chief medical officer, Dr. Bernice T. Dahn, has been placed under quarantine after her assistant died from Ebola on Thursday. Sierra Leone officials have criticized the WHO for its sluggishness on decisions to evacuate their country’s infected doctors.”

This same author called for the rejection of travel bans and other forms of isolation regarding the impacted West African states.

She said “Health workers must be provided with adequate protective gear. We cannot allow ‘medical apartheid’ to characterize the international treatment of the African medical personnel and health workers from Europe or the United States.”

The writer then says and rightly so, that:

“After all, the African doctors will be the ones to be on the front lines to help their countries against malaria, child mortality, malnutrition and other diseases that threaten African nations but not foreign workers. The African doctors fighting Ebola are heroes, just as much as any foreign volunteers. We cannot leave them behind to die.”

Even the Wall Street Journal reported that the U.S. military response to the outbreak has not proven yet to be effective. In an article published on Sept. 29, it reveals that “The American military effort against history’s deadliest Ebola outbreak is taking shape in West Africa, but concerns are mounting that the pace isn’t fast enough to check a virus that is spreading at a terrifying clip.”

In the same article it says that the initial teams are working on airport runways and not supplying medical treatment. They have been cutting down grass for the construction of a field facility, however, “While this team levels the earth, superiors hash out the still-uncertain details of the American intervention here.”

### **International Mobilization Required**

The problem of the Ebola Virus Disease outbreak must be brought to the top of the agenda in the U.S. and other countries. Unless organizations concerned about the liberation and sovereignty of the oppressed former colonial states come to the fore with a program of action to address the crisis, the outcome will result in many more deaths.

As with the HIV epidemics of the 1980s and 1990s, multi-national firms will attempt to profit from the medical disasters that primarily impact the working class, oppressed and poor of the world. The supply of protective gear, patents for medications and vaccines will provide the pharmaceutical firms with opportunities to reap billions in sales.

This crisis must be approached from the perspective of the most impacted being those states in West Africa which have been the victims of centuries of slavery, colonialism and neo-colonialism. The genuine liberation of Africa is essential for eradication of infectious disease and the construction of adequate healthcare infrastructures in the immediate future.

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