

Empire or Republic: Imperial Wars, Scaremongering and the Ebola Epidemic

“You Can’t Have Wars and Public Health”

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*Washington escalates its military interventions abroad, launching simultaneous air and ground attacks in Syria, Iraq and Afghanistan; multiplying drone attacks in Pakistan, Yemen and Somalia; training, arming and financing proxy mercenaries in Jordan, the Gulf States and Iraq; and dispatching National Guard battalions to West Africa, ostensibly to combat the Ebola epidemic, though they lack the most elementary public health capabilities. **All in all the US spent \$3.5 trillion for military invasions over 6 years.***

At the same time, the US domestic public health services have deteriorated. At the state and local level, like Dallas, Texas and at the national level, officials and major institutions demonstrate an inability to effectively detect and manage cases of Ebola infections among the general population in a timely manner. An infected Liberian immigrant was not diagnosed correctly when he presented to a major Dallas hospital emergency room. Instead he received irrelevant and unnecessary ‘imaging studies’ and was sent home with oral antibiotics. This confirmed the widespread belief that Emergency Room physicians and nurses are under pressure from their administration to order costly CT scans and MRI’s on patients as a way to make money for the hospital and to cover-up their incompetence at basic patient history and physical examination. Despite the patient’s informing hospital workers of his recent arrival from Liberia, an Ebola outbreak hot-spot, personnel did not put on basic protective gowns, gloves, hoods and masks and they allowed the febrile, vomiting, desperately sick man to contaminate large areas of the emergency department, waiting room and MRI suite. Quarantine was not even considered. . . .

The director of the Dallas hospital covered up for his organization’s incompetence by a series of victim blaming – the patient, the computer system, the nurses... National health guidelines may have been inadequate at the time, but Ebola was clearly on the national radar and the CDC had provided basic guidelines and measures. All hospitals have infectious control committees, disaster preparedness committees and receive state and national alerts.

As the crisis and public panic deepened, President Obama engaged in vigorous political fund-raising. Meanwhile, Vice President Biden was preoccupied by his 40+ year-old son’s expulsion from the Navy Reserve for cocaine use. The Defense Secretary was busy picking targets to bomb in Syria and Iraq...

The Cabinet met over ‘National Security’ issues like ISIS, expanding military interventions around the world, while US medical personnel, international travelers and their family members, as well as average American citizens felt more threatened by the apparent

breakdown of the public health system, both at the local and national levels, in the face of a deadly viral infection.

The inadequacy, indeed breakdown, of the US public health system as it confronts the first cases of Ebola in the US and the simultaneous escalation of military intervention in Syria and Iraq typifies, in microcosm, the demise of the US republic accompanying the rise of the US military empire.

The Dallas hospital, which had at first turned a desperately sick Liberian immigrant away, was run as a for-profit enterprise, directed by business managers eager for high returns and dismissive of basic health procedures and even more of the advice of competent, experienced health workers: They had made their biggest investments in high technology and multi-million dollar equipment, irrelevant to the diagnosis and treatment of tropical and infectious diseases. The pressure to use the most expensive technology inappropriately and recoup the corporate investment, resulted in a deadly delay in diagnosis and contaminated at least a dozen health care workers. The corporate hospital director eventually apologized for their 'mistakes'. But the fault goes far beyond "bad decisions": The procedures and protocols are built into the 'for profit' model emphasizing the need show a healthy 'return' on multi-million dollar advanced technological investments. There is a stark contrast between the high tech advances in imaging and surgery in a modern American hospital and the regressive, socially backward ignorance of the socio-medico context in which critically ill, infectious patients are embedded. It is as if such patients are not supposed to enter the techno-medical world where only the most highly remunerative procedures and protocols are available for those... who can pay.

At the deeper level, the entire national public health system is increasingly dependent on the formulation of rules and flows of information, corrupted and distorted by 'market demands' and political priorities heavily weighted toward expanding the police state at home and militarism abroad. These political priorities in turn, are influenced by the massive shift in resources to support the permanent war policies of the Obama regime and the US Congress.

The proliferation and escalation of military interventions dominates the Obama Administration's real agenda. According to Assistant Secretary of State for Eastern European Affairs, Victoria Nuland, six billion dollars of public money was spent on subverting the elected government of the Ukraine - \$6 billion shifted from US domestic sectors, like health care and real disaster preparedness. Meanwhile hundreds of hospitals have been closed in most major US cities and rural clinics abandoned for lack of personnel. The entire health care system, in its current 'for profit' corporate form is devoid of competent, effective leadership. On the other hand, the US military is seen as the solution to the world's (and increasingly domestic) problems, while the social roots of conflict and disaster are ignored with contempt.

The militarization of the minds of our political leaders has led to the most grotesque decisions: In the face of the Ebola epidemic in West Africa, the Obama regime has sent 2000 National Guard combatants to Africa. These are soldiers who lack the most elementary knowledge, skill, capability and training to deal with the complexities of a major public health crisis in a devastated, war torn part of the world. One must recall how Washington pressured the United Nations to send 'Peace-keepers' to Haiti after the earthquake - UN soldiers from Nepal, who brought not peace but an epidemic of cholera

killing additional tens of thousands of Haitian civilians. The immediate question regarding US National Guard troops in West Africa is not whether they can build rural clinics or maintain camps of quarantined Africans, the real concern is whether these heavily armed 'health aides' can avoid being infected and bringing Ebola home. This concern has now led the Pentagon to impose mandatory quarantine on its own soldiers returning from West Africa - a knee-jerk reaction motivated more by fear-mongering than science.

In contrast, Cuba has sent hundreds of highly skilled health workers, who form teams with proven track records in confronting public health crises in the tropics and elsewhere. Cuban teams include skilled epidemiologists who develop effective local programs, based on real-time, on-the-ground fact-finding and assessment of available resources. The enormous differences between the Cuban and US responses to the Ebola crisis reflects the profound contrast in their social and health systems: Cuba has a free national health system and strong public health and civil defense structures using rigorous procedures and effective guidelines to set up clinics and camps appropriate to the objective conditions. They emphasize the social context of disease and are not invested in expensive high tech medical equipment and tests irrelevant to the challenges at hand. Their budget is not skewed toward promoting imperial wars: for the Cubans health and welfare is an integral political priority.

In contrast 'health care' in the US has become big business while military metaphysics dominate the minds and policies of the political and business elite. The deterioration of basic health care delivery in general and the public health sector in particular is not only a consequence of a failure of political leadership, it also reflects the recurring and deepening economic crises. Under the 'War on Terrorism' fear-mongering over bio-weapons, namely threatened Anthrax attacks, tens of billions of public money was diverted from public health at the national and state level and the corrupted, crippled system has never recovered.

The economic crisis, gripping the US, the European Union (EU) and beyond, is clearly manifested in the stagnation of the US economy. The private corporate elite, who form the ruling class, are unable to sustain growth without massive US Treasury subsidies (\$4.5 trillion dollars, according to the Financial Times (10/14/14)). The US has experienced extreme volatility in its stock market, together with the impoverishment of its working class and diminution of its middle class. Heightened social inequalities are everywhere, especially in access to decent, effective health care. In the EU, Germany's economy is plunging from zero to negative growth, while France, Italy and Holland are in deep recession. Greece, Spain and Portugal are in a prolonged depression, burdened by unpayable debts and unable to escape the downward social and economic spiral because of austerity programs imposed by Brussels.

Washington's war policies, the concentration of state resources on financing military invasions and subsidizing the grossly inflated financial sector, account for the fatal deterioration of health and welfare services in the US. Growing majorities feel the pain, and many more are alienated from the Presidential and Congressional elite - as well as from their own corrupt, incompetent local elected officials.

To safeguard the power of the military-financial elite, the political rulers have resorted to a series of "Horror Shows" - orchestrating vast propaganda spectacles designed to strike fear and loathing of 'external enemies' among the American public, in order to secure their submission and obedience to police state policies.

Recently, there was the lurid media shock of the Muslim terrorists in 'ISIS' beheading two American captives. The public 'horror' was manipulated to justify the large-scale US military re-entry in Iraq and the air war against Syria - policies largely opposed by the war-weary US citizenry.

Close on the heels of the 'beheading' atrocities, came the spectacle of a fearsome African "Ebola" epidemic, spreading to the US and threatening Americans with brutally painful deaths...This was used to justify Obama's sending of thousands of US National Guard to West Africa to act as "health workers".

The total collapse of the public health systems throughout Africa follows decades of civil wars, fomented by US and EU military policies, in order to plunder Africa's economies and rich natural resources - while marketing Western arms and mercenaries. Militarizing the problems of Africa and creating millions of refugees has naturally led to plagues - Ebola today, malariayesterday and other infectious diseases and miseries tomorrow.

The immensely complex and catastrophic health crisis in West Africa is the stark backdrop to years of western propaganda hailing the massive growth of foreign investment in Africa's extractive sectors - notably energy and mining. The business press (Financial Times, Economist, Wall Street Journal...) featured images of "*Africa; the Sleeping Giant Awakes*", describing of emergence of wealthy mineral enclaves powered by large-scale foreign investments, creating vast private foreign and local fortunes while ignoring the sea of massive poverty, broken public health clinics, non-existent schools and devastating living conditions, as well as the war-lord ravaged masses of refugees fleeing the fights over mineral-rich lands. This created the 'perfect storm' for the emergence and spread of epidemics - like Ebola.

In Africa, under IMF and Western corporate dictates, entire budgets and foreign aid programs were channeled to finance infrastructure (roads, transport, ports, etc.) for extractive imperialism - while virtually nothing, in terms of public policy, was or is allocated to basic public health and preventative medicine. The 'focused' programs of the 'Gates Foundation' and others served to divert African health workers and resources to the 'NGO's, rather than national, priorities and encouraged the flight of African doctors and nurses to the West.

The recent cases of Ebola in the US highlight the deterioration of national and local public health systems - the result of deregulation, privatization and corporatization of the medicine. The 'profit ethos' permeates medical care in the US. Cutbacks in preventive medicine, divorcing medical care from the social context of illness, as well as the lack of accountability and transparency in the face of erroneous diagnoses and inappropriate or incompetent care are consequences of the larger failures in public policy. This also explains the emergence and rampant spread of multi-drug resistant bacterial infections within the hospitals and out in the communities. The preference for expensive, profitable technomedicine (marketed as 'personalized' health care) over competent 'hands on', science-based medicine rooted in an understanding of objective social conditions, has fueled the crisis and spread mass confusion among the public.

When the government engages in long-term, large-scale wars abroad, when the Treasury allocates trillions of public dollars to Wall Street for the better part of a decade, when the government secures submission ("consent") via horror scenarios that replace public accountability with fear and loathing, we, the US public pay a steep price in public health

under autocratic elite rule.

The recent 'police-state' response to an American nurse, Kaci Hickox, highlights the corrupt arrogance of US politicians and opinion leaders, long accustomed to control via fear-mongering and criminalizing dissent. The fact that Nurse 'Kaci' arrived at 'Liberty' International Airport in perfect health from her months of heroic work in West Africa where she set up clinics and hospitals to help stem the Ebola crisis at its sources, did not dissuade the thuggish governor of New Jersey from confining her, like an animal, in a clear plastic cage in the parking lot of a Newark hospital. Her successful fight for freedom against this arbitrary confinement exposed Governor Christie and his side-kick, New York Governor Cuomo, as ignorant bellowing thugs, intent on making her 'an example'. Nurse Kaci Hickox' victory of science and civil rights over brutal scare-mongering may be temporary – as the tendency has long been to militarize crises and erode citizen rights.

The American public is beginning to understand the relationship between this policy of scaremongering, the bail-out of billionaires and rampant militarism with the daily erosion of their standard of living, health and security and civil rights. It will take more than a Nurse 'Kaci' to reverse the tide, but one tough competent nurse has set a glorious example.

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