

From West Africa to Texas: Ebola Outbreak Impacts the World

Workers in healthcare, service industries protest endangerment, negligence

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With the death of Thomas Eric Duncan in the Texas Health Presbyterian Hospital on Oct. 8, the political dynamics of the Ebola Virus Disease (EVD) outbreak has taken on wider dimensions.

One nurse who was providing care for Duncan, Nina Pham, has tested positive for the virus and is being treated in Dallas. Hospital officials say that she was wearing protective gear while working with the deceased victim.

Relatives of Duncan say that he was not given proper attention at the hospital where he had been turned away on Sept. 25. Three days later he was admitted in a more serious condition which deteriorated to the point of being placed on breathing and dialysis machines.

The case of the Dallas nurse represented the first known transmission of EVD in the United States. In Spain, a nurse was reported to be in critical condition after contracting the infectious disease while treating a priest who was flown back to Madrid for hospitalization but later died.

Despite the defensive posture taken by the Texas Health Presbyterian Hospital in response to the criticisms leveled surrounding the care provided to Duncan, the facility was forced under public pressure to release the medical records of the deceased Liberian national. Based on information provided by the Associated Press, Duncan should have never been refused admission to the hospital on Sept. 25, particularly after informing personnel that he had recently travelled from Liberia, the center of the deadliest outbreak of Ebola since it was first acknowledged in 1976.

Societal Impact of the Spreading Outbreak

According to statistics provided by the World Health Organization (WHO), over 4,000 people have died from EVD since March. Most fatalities have occurred in three West African states: Liberia, Sierra Leone and Guinea-Conakry. WHO figures report that 8,400 have fallen ill with EVD over the last seven months. (<http://www.who.int/mediacentre/factsheets/fs103/en/>)

Data on other cases remain unsubstantiated but are based on projections from healthcare departments and hospitals in the West Africa region. Nonetheless, it is safe to say that tens of thousands of others in this region of West Africa could be infected if the outbreak is not halted and millions more have already been impacted socially and economically.

Reduced growth rates are anticipated in all three of the most impacted states. Mining firms,

tourist and transportation industries are already stating that revenue losses will be substantive.

Workers Demonstrate, Strike Demanding Safety Measures and Protocols

Labor organizations representing healthcare workers and service employees have spoken out forcefully against what they perceive to be a lack of concern for the plight of those who are on the frontlines of the fight against EVD. From the earlier strikes by nurses in Liberia to the insistence of burial workers that they be given the necessary information as well as protective gear needed to safely dispose of deceased victims of the disease, workers are demanding action from their bosses in government and private industry.

On Oct. 13, Liberian nurses threatened to strike demanding more pay for working in hazardous conditions and to be supplied with the necessary protective gear. George Williams of the Health Workers Association representing 10,000 employees, with 1,000 providing services in the Ebola wards, accused the Liberian government of intimidating workers to return to their jobs. (Associated Press, Oct. 13)

Reports on participation in the strike varied with many news agencies saying the call for the work stoppage did not enjoy wide adherence while others indicated that in some areas attendance was lower than normal. The government in Monrovia said that a strike would further hamper the healthcare system's capacity to provide treatment for patients.

Already many people have been turned away from hospitals and clinics due to lack of beds and trained personnel. Liberia has been the hardest hit in the EVD outbreak with more than 2,300 deaths reported.

Hundreds healthcare workers, including doctors and nurses, have become infected with EVD and some have died. Others have refused to come to work because of the perceived dangers associated with treating infected patients.

The impact of EVD has also been felt in the Armed Forces of Liberia (AFL). In an article published on Oct. 12 in the Observer, it states that nine soldiers have already died from the disease.

“Following the death of the soldiers, and for fear of the further spread of Ebola in the army, regular daily training, a core activity of the military, has been suspended indefinitely. ‘We no longer train, neither do we receive visitors, nor are we allowed visits outside of the barracks,’ a soldier lamented when the Daily Observer toured the Kesselly Barracks over the weekend.”

An Associated Press article reported that “In Guinea, a private clinic which served much of the city's elite, including many expatriates, stopped accepting new patients this weekend after a woman there showed symptoms of Ebola. The woman never went past the lobby of the clinic, a statement from the medical center in the capital Conakry said Monday (Oct. 13), and the area she was in has been disinfected and sealed off.”

In regard to Sierra Leone, the British government's resumption of commercial flights into the country was cancelled on Oct. 13. The decision not to fly into the former colony of London drew protests from the government in Freetown and humanitarian organizations such as

Medecins sans Frontieres (Doctors Without Borders).

“It’s extremely difficult to get much-needed staff into the region and at a time that we need more people on the ground than ever, this is very unhelpful,” said a MSF spokeswoman. The freight transport company Redcoat said that its scheduled Oct. 17 flight was designed to carry four tons of humanitarian assistance including 1,000 protective gear suits that are essential for treating infected patients. (Guardian, Oct. 13)

Gambia Bird, a German-owned airline, was scheduled to also transport 60 passengers on Oct. 17 from England to Sierra Leone. The airline has appealed the decision of the British government.

A spokesman for McPhillips Travel, Ben Mortimer, which represents the interests of Gambia Bird in Britain, said the cancellation of the flight was “an overreaction. The situation was bad on 26 September. It is worse now, but not much.” (Guardian, Oct. 13)

Mortimer went on to say that “We already had protocols in place as part of the permit in which they had the names and addresses of all passengers in the event they needed to trace people. This is much better than trying to screen people who are coming into the country from Europe or Morocco on an indirect route.”

Meanwhile in the U.S., a demonstration by Delta Airlines cabin cleaners and LaGuardia airport in New York City on Oct. 9 and a press conference held by the National Nurses United (NNU) three days later, highlighted the failure of the travel and healthcare industries to provide basic safety information, training and protective gear. With specific reference to the plight of nurses, the Director of the Center for Disease Control and Prevention (CDC), Dr. Thomas Frieden, suggested that the infection of the Dallas nurse was a result of not following medical protocols issued by the healthcare establishment.

In a press conference held by the NNU on Oct. 12, their leaders took exception to such an allegation. NNU officials said that no official medical protocols have been issued to the 185,000 healthcare workers they represent. (nationalnursesunited.org)

Frieden later retracted his statement on Oct. 13 but the damage had already been done. “I apologize if people thought I was criticizing the hospital,” the CDC director said at a press conference. “And I feel awful that a health care worker became infected while helping an Ebola patient.”

Place People Before Profits

However, decisions regarding healthcare treatment, workplace safety and insurance coverage in the U.S. are made largely by private firms that profit to the tune of billions of dollars every year. The lack adequate health insurance or no coverage at all, is a direct result of the character of the capitalist economic system.

In the West Africa region where EVD has been the most devastating, the underdevelopment of these states is a direct result of the legacies of slavery, colonialism and neo-colonialism. Imperialism has demanded that human needs related to employee safety, adequate healthcare personnel and facilities be subjected to what they perceive to be the larger

priorities related to political domination and economic exploitation.

Until these priorities are re-oriented there will be ongoing periodic outbreaks of infectious diseases which will impact broad segments of societies throughout the world. In order to effectively halt the spread of such crises, the needs of people must be placed before those of the corporations and international financial institutions in Africa as well as other regions of the world.

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