

Pleas to Major Powers from Ebola-stricken Countries, Health Professionals Fall on Deaf Ears

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The world's political and economic elite, the financial aristocracy that dominates the global capitalist system, will take only token measures to help the millions who face sickness and death in the Ebola epidemic ravaging West Africa. This is clear from the dismal response to appeals from doctors, nurses and aid workers fighting the epidemic, and from leaders of the three hardest-hit countries, Liberia, Sierra Leone and Guinea.

The British Broadcasting Corporation (BBC) on Sunday broadcast a "letter to the world" from Liberian President Ellen Johnson Sirleaf warning that the Ebola virus "respects no borders" and that a generation of Africans are at risk of "being lost to economic catastrophe" because of the impact of the disease on entire societies.

Sirleaf, a former World Bank and United Nations official and longtime puppet of Washington, was restrained in her language, but there is no doubt that the global mobilization of funds, medical supplies, doctors and nurses for which she appealed is desperately needed.

The World Health Organization (WHO) reported Thursday that it has received only \$100,000 in donations from world governments out of \$20 million pledged, compared to the \$1 billion immediately required for emergency operations in West Africa. Nearly 10,000 people have contracted Ebola in the region and more than 4,500 have died, the agency said.

Former United Nations Secretary General Kofi Annan told the BBC he was "bitterly disappointed" in the international response, adding, "If the crisis had hit some other region it probably would have been handled very differently."

Another announcement last week revealed the indifference of the multinational corporations at the prospect of continuing mass death in West Africa. GlaxoSmithKline (GSK), the giant British-based pharmaceutical company, said Friday its program to develop a vaccine for Ebola would produce results "too late" for the current crisis. Its Ebola vaccine program, one of a handful of such efforts and, by many accounts, the closest to fruition, would not have test data until late next year and will not generate usable vaccines until 2016, the company said.

Although Ebola was first identified in 1976, the pharmaceutical companies that control research and production have not found it profitable to develop a vaccine for a disease that affects impoverished villagers in rural Africa. Only now, with the prospect of reaping billions from a global crisis, is such an effort being mounted.

Manica Balasegaram, an official of Doctors Without Borders, the volunteer aid organization that is treating more than half the victims of the epidemic, issued a statement in response

to the GSK announcement, calling it “a disaster scenario.” He told McClatchy News Service, “We want to see serious acceleration. We need to be more ambitious. It’s worrying to hear timelines into 2016. We have got to accelerate. The situation on the ground is a catastrophe.”

Christopher Stokes of Doctors Without Borders told the BBC Friday it was “ridiculous” that the group’s volunteers were overseeing 70 percent of the treatment beds in the three countries hardest hit. Aid pledged by the US, Britain and other industrialized countries was “not having any significant impact on the epidemic and it won’t now for maybe another month or month-and-a-half.” By then, the death toll is expected to top 20,000.

The head of the WHO’s Ebola Emergency Response Mission, Anthony Banbury, said last week that the critical point in the fight against the epidemic was near at hand. Within 60 days, 70 percent of infected people must be in a care facility and 70 percent of burials must be carried out safely. “We either stop Ebola now,” he warned, “or we face an entirely unprecedented situation for which we do not have a plan.”

The *New England Journal of Medicine* echoed this warning in an editorial that accompanied publication of a report from the WHO. “Without a more effective, all-out effort, Ebola could become endemic in West Africa, which could, in turn, become a reservoir for the virus’s spread to other parts of Africa and beyond,” the magazine wrote.

It went on to explain that the devastating impact of the current epidemic was not the result of any change in the biological characteristics of the virus, but of social and political factors: “Perhaps most important, Ebola has reached the point where it could establish itself as an endemic infection because of a highly inadequate and late global response. This epidemic, in other words, was an avoidable crisis...”

There is no mystery about the methods and resources required to deal with Ebola as a public health issue. Only a handful of cases have been reported in the industrialized countries—two in the United States, one in Spain—and only among health care workers treating patients who contracted Ebola in West Africa.

There have been, as yet, no secondary infections from these cases. Midnight Sunday marked the expiration of the 21-day quarantine for 48 family members and friends of Thomas Eric Duncan, the Liberian man who traveled to the United States after contracting the disease, then fell ill in Dallas and died October 8. The 75 health care workers in contact with Duncan have passed the period of greatest danger.

The American ruling elite and the American media have whipped up an atmosphere of panic about the handful of US cases while virtually ignoring the massive crisis in West Africa.

President Obama, in his Saturday Internet/radio address, warned against “hysteria” over the Ebola virus, although the US government has been systematically fomenting groundless popular fears of terrorist attacks for a dozen years to justify the endless US military interventions in the Middle East as well as the build-up of a police-state apparatus within the United States.

Washington’s response to the Ebola crisis has followed that template. Last month, Obama ordered 3,000 US troops into Liberia, ostensibly to build Ebola treatment facilities. Last week another 1,000 troops were added to the deployment, which is intended to pave the way for

a permanent base for the Pentagon's Africa Command (AFRICOM) in the region.

The Pentagon is also using the crisis to flex its muscles at home, albeit on a small scale initially. Defense Secretary Chuck Hagel announced Sunday that he had tasked the US Northern Command, established by George W. Bush after the 9/11 attacks as the first-ever combat headquarters on US soil, to create a rapid response team for the Ebola crisis. This will consist initially of only 30 military personnel, mostly doctors and nurses, but it is a further step in conditioning the American population to the use of the military at home.

With the mid-term elections only two weeks away, Republican congressional leaders and candidates are seeking to exploit public concern over the US government's negligent and irresponsible response to the Ebola crisis for electoral purposes. Many are calling for a ban on commercial air traffic originating in the three affected African countries.

The White House has responded with comparable cynicism, naming as its "Ebola czar" a millionaire attorney and longtime Democratic political fixer, Ron Klain, who has no experience in either public health or disaster relief.

These maneuvers express the contempt of the US ruling elite for both the lives of West Africans and the well-being of the American people. As public health officials have made clear, budget cuts supported by both parties are responsible for undermining the health care system. Over the past decade, funding for the National Institutes of Health has declined 23 percent in real terms.

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