

United States Ebola Death Raises Questions About Healthcare Systems, Related Sectors Unprepared for Crisis

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There was a sense of shock and disbelief when news was released about the death of Thomas Eric Duncan on Oct. 8 at the Texas Health Presbyterian Hospital in Dallas. The Liberian-born 42-year-old was the first reported case of the Ebola Virus Disease (EVD) which emerged in the U.S. and resulted in death.

Reports during the week of Oct. 6 mentioned that Duncan's medical condition was worsening and that he was "fighting for his life." The patient was being treated at the same hospital where he was turned away on Sept. 25 after appearing to report symptoms associated with EVD and telling personnel that he had recently traveled from Liberia, located in the epicenter of the current outbreak.

The death of Duncan raises serious questions about the quality of care he was given in Dallas. Why was Duncan not transferred to the facilities at Emory University Hospital or the University of Nebraska Medical Center Bio-containment Unit where other patients had been treated successfully?

Racism and Class Bias Charged

Duncan's nephew released a statement on Oct. 9 suggesting that there was racial bias in the way in which his relative was treated by the hospital and the entire infectious disease establishment in the U.S. Was this case in Dallas evaluated and addressed as a national issue beyond the press conferences delivered by the Centers for Disease Control and Prevention?

Josephus Weeks said of his uncle's plight that "Eric Duncan was treated unfairly. Eric walked into the hospital while the other patients were carried in after an 18 hour flight. It is suspicious to us that all the white patients survived and this one black patient passed away. It took 8 days to get him medicine. He didn't begin treatment in Africa, he began treatment here, but he wasn't given a chance."

Weeks was making reference to the so-called alternative drug produced by a Canadian pharmaceutical firm which could be effective against combatting EVD. The Director of the CDC Dr. Thomas Frieden said that the ZMapp drug was no longer available.

Frieden's press conference on Oct. 6 indicated a hands-off approach to the overall treatment of Duncan. He said that it was up to the hospital physicians and family members to make decisions about his healthcare.

Obviously this first case of EVD diagnosed in the U.S. was not treated as a medical situation requiring national and international attention where the most qualified physicians in the country were mobilized to address Duncan's condition. What type of preparedness did the Dallas facility have in approaching this case?

Cable News Network (CNN) wrote in an article on Oct. 9 asking the questions "What if they had taken him right away? And what if they had been able to get treatment to him earlier?" quoting Pastor George Mason of Wilshire Baptist Church in Dallas.

In attempts to contradict the claims of Duncan's family, the hospital officials asserted that Duncan had received the best of care and that they did consult with specialists at Emory University and the CDC. They noted that it was not clear whether ZMapp and other drugs are really effective in treating the disease.

Other questions were raised over the reported lack of health insurance coverage of Duncan. Did this have an impact on the sense of importance and urgency exercised by the Dallas hospital, the CDC and the Barack Obama administration?

Civil Rights leader Rev. Jesse Jackson has surfaced as the spokesman for the family of Duncan saying the deceased man's health insurance status could very well have been a factor in the medical response. "I would tend to think that those who do not have insurance, those who do not have Medicaid, do not have the same priorities as those who do," Jackson said. (CNN, Oct. 9)

Nonetheless, the officials at the medical facility denied this allegations stressing that Duncan was treated on the same level as everyone "regardless of nationality or ability to pay for care," Texas Health Presbyterian Hospital said in a statement.

EVD Outbreak Exposes Lack of Preparedness in the U.S. and Internationally

On Oct. 9 several hundred workers at LaGuardia airport who are responsible for cleaning cabins belonging to Delta Airlines set up a picket line demanding greater precautions related to the potential threat of EVD as well as overall exposure to unsafe and unsanitary conditions on the job. The workers were reported to be seeking recognition through the Service Employees International Union (SEIU) which organizes largely low-wage workers across the U.S.

These workers are employed by Air Serv which is owned by ABM Industries, Inc. They complained about the work load and the lack of training related to exposure to infectious diseases.

Despite statements made by Delta Airlines that they have provided training related to medical safety, Star Online reported that "The striking Air Serv workers said they have not had adequate training to protect themselves and are not provided with durable gloves or face masks to use when cleaning with strong chemicals. They said in a statement their employer has halved the size of cleanup crews and reduced the time allotted to clean an entire plane to as little as five minutes instead of up to 45 minutes." (Oct. 9)

Earlier in the week the National Nurses United (NNU), the largest labor union representing healthcare workers in the U.S., said that there were no official medical protocols for dealing with the Ebola outbreak. Consequently, this lack of readiness can potentially endanger

healthcare professionals, patients and the general public.

The Australian newspaper reported on Oct. 9 that “National Nurses United, representing about 185,000 nurses nationwide, has been surveying its union members and found that many don’t feel nurses are getting enough training to properly handle Ebola, union spokesman Charles Idelson said. Many nurses said they didn’t know whether their hospital had protective gear, he said. ‘It’s not enough to post a link to the Centers for Disease Control on the hospital’s website,’ he added.” (Australian.com.au)

In Spain 44-year-old Nurse Teresa Romero is reported to be the first person outside of Africa to have contracted EVD from a patient. She was one of the people who provided care for a priest that was evacuated from West Africa after being infected and later died in Madrid.

The medical status of Romero deteriorated on Oct. 9 with very few details on her condition being released. Spanish residents are outraged that the nurse came down with the illness in Madrid and some have demanded the resignation of the Health Minister Ana Mato.

Reuters published an article noting that “In Madrid, health workers at a major hospital protested about inadequate training to deal with the virus while unions have demanded the resignation of Health Minister Ana Mato. A union official said training for staff to deal with expected Ebola cases was inadequate.” (Oct. 9)

“In some places they are carrying out drills, in others not, there is a lack of co-ordination,” Rosa Cuadrado a union official told Reuters. “News of the contraction of the Ebola virus in the country has deeply shaken Spaniards’ faith in their government and the health system, which has suffered deep spending cuts as part of austerity measures over the past years.”

Spain has been one of the hardest hit European nations in the overall world economic crisis. Unemployment is over 25 percent and massive cuts in public services have been instituted in order to pay debt service to the international financial institutions.

In both Liberia and Sierra Leone, healthcare workers and grave diggers have engaged in strikes demanding better safety precautions and a living wage. Liberian government officials signed an agreement with the nurses last month and in Sierra Leone similar protests have occurred.

Liberia and Sierra Leone have lost physicians and nurses working on the frontlines in the battle against EVD. At an International Monetary Fund (IMF) and World Bank meeting in Washington, D.C. on Oct. 9, presidents Ellen Johnson-Sirleaf of Liberia, Ernest Karoma of Sierra Leone and Alpha Conde of Guinea plead with the western states to provide additional assistance in the combatting the disease.

Speaking via video conferencing to the meeting, Karoma said that “Sierra Leone needed more than 5,000 medical workers, including 750 doctors and 3,000 nurses. The two treatment centers Sierra Leone had now were not enough and it needed 1,500 more beds just for Ebola patients. The four laboratories in the country were able to handle only 100 diagnostic samples a day, he said, and five more were urgently needed.” (Financial Times, Oct. 9)

Source of World Power Must Change

Even in the U.S. where the corporate media and the federal government promotes the false

notion of an economic recovery, large-scale austerity measures have impacted public institutions including healthcare services that are becoming further privatized through the so-called Affordable Healthcare Act (better known as Obamacare). Inside the country there is no guaranteed national health insurance program and consequently millions remain without any coverage or inadequate safeguards.

Therefore the system of prioritizing healthcare and human needs must take priority over profits for privatized hospitals, insurance plans and pharmaceutical firms. Western states through the IMF-World Bank and other financial institutions have imposed structural adjustment programs on African states and similar policy designs are being carried out against cities, suburbs and state governments in the U.S.

With these economic programs guiding the policy imperatives of the dominant capitalist and imperialist states around the world, there can be no real fundamental shift in the quality of healthcare and social services in both the developing and developed countries. Only a radical transformation of political power in favor of the majority working class, nationally oppressed and poor can create the conditions for effectively attacking EVD and other infectious diseases throughout the planet.

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