

Political issues in the Ebola crisis

Patrick Martin
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The report that a healthcare worker in Dallas, Texas, one of those who treated Ebola victim Thomas Eric Duncan before his death, has herself contracted the disease, is a significant and troubling event. Dr. Thomas Frieden, director of the US Centers for Disease Control and Prevention, admitted in a television interview Sunday, “It’s deeply concerning that this infection occurred.”

While Frieden claimed that current protocols for treating Ebola patients were effective in preventing the spread of the disease, arguing that there must have been “a breach of protocol,” no actual explanation has been given for how the healthcare worker became infected. She was not one of the 48 primary contacts with Duncan who were being monitored for possible exposure, but worked in a more peripheral role. Her infection was only detected when she contracted a fever and reported it herself.

There are a growing number of such cases, including doctors and nurses in the affected regions of Liberia, Sierra Leone and Guinea, who were well aware of the procedures, and an NBC News photographer, whose infection has caused the quarantining of the entire reporting team, led by Dr. Nancy Snyderman, the network’s chief medical correspondent. These cases suggest that despite the repeated assurances from health officials, there is much that is not known about how the disease is transmitted.

What is certain is that the Ebola outbreak in West Africa is a catastrophe for the people of that region. More than 8,000 people have been infected and more than 4,000 have died, with no signs that the epidemic has been curtailed. The heroic efforts of doctors, nurses and aid workers have been sabotaged by the collapse of the healthcare systems of these countries, among the poorest in the world. Only 20 percent of the affected population in West Africa has access to a treatment center.

It is almost impossible to overstate the dimensions of the disaster. Until this year, Ebola was a disease of remote rural areas that had killed only 1,500 people in 20 previous outbreaks over 40 years. Now the disease has reached urban centers like Monrovia, capital of Liberia, a city of one million, and individuals infected with the virus have travelled from the region only to fall ill in the United States, Spain and Brazil. There are well-founded fears that Ebola could become a global plague, particularly if it reaches more densely populated countries like Nigeria, or the impoverished billions of South and East Asia.

The impotent global response to the immense tragedy in West Africa is a serious warning. The Ebola crisis has proven to be a test of the ability of capitalism, as a world system, to deal with an acute and deadly threat. The profit system has failed. A society organized on the basis of production for private gain and divided into antagonistic nation-states, with a handful of imperialist powers dominating the rest, is incapable of the systematic, energetic and humane response that this crisis requires.

It is no accident that the Ebola outbreak takes place in countries that are former colonies of imperialist powers. Guinea was a French colony, Sierra Leone a British colony, and Liberia a de facto US colony since its founding by freed American slaves. Despite their nominal independence, each country remains dominated by giant corporations and banks based in the imperialist countries, which extract vast profits from the mineral wealth and other natural resources. Guinea is the world’s largest bauxite exporter, Sierra Leone depends on diamond exports, Liberia has long been the fiefdom of Firestone Rubber (now Bridgestone).

These countries are unable to provide even rudimentary healthcare services to their populations, not because they lack resources, but because they are exploited and oppressed by a global economic system

controlled by Wall Street and other financial and commodity markets. This economic system is so unequal that the 85 richest individuals on the planet control more wealth than the poorest three billion people, nearly half of humanity.

Economic development, particularly over the past 40 years, has created an interconnected and globalized world. Thousands of people travel every day between West Africa and other parts of the world. The revolution in transportation and communications means that what happens in West Africa today can affect Dallas, Boston, Madrid and Rio de Janeiro tomorrow. This makes the Ebola epidemic not a regional event, but a world event.

But the response to the Ebola crisis is carried out by national governments driven by competing national interests, and concerned, not with the danger of the virus to the world's people, but with how it affects the interests of the ruling class in each nation. Thus there are calls in the United States and Europe for imposing an embargo on travelers from Liberia, Sierra Leone and Guinea, although health experts warn that such an action would cause the economic collapse of these countries, vastly worsening the epidemic and making its global spread more rather than less likely.

Equally reactionary is the Obama administration's decision to send 4,000 US troops to Liberia, ostensibly to build health treatment facilities. Why are heavily armed soldiers chosen for such a mission? They are not construction workers or healthcare providers. If healthcare workers and journalists have become infected, despite taking every precaution, then certainly soldiers could themselves fall victim to the disease, and bring the virus home with them. The real agenda of Washington is to secure a basis for its Africa Command (AFRICOM), up to now excluded from the continent by local opposition, thus advancing the interests of American imperialism against its rivals, particularly China.

The potential dangers of a disease like Ebola spreading from rural Africa to the world have long been understood by epidemiologists and other scientists. It has been the subject of specialized studies and best-selling books. The issue has even penetrated into popular culture through films from *The Andromeda Strain* to *Outbreak* and *28 Days*. But the profit system has been incapable of generating a serious effort to

forestall an entirely predictable crisis.

The detection of Ebola in the mid-1970s should have been the occasion for the launching of an intensive effort to study the virus, analyze how it is transmitted and develop antidotes and a vaccine. This did not take place, in large measure, as a report last month suggested, because the giant pharmaceutical companies that control medical research saw little profit in saving the lives of impoverished villagers in rural Africa (see "Profit motive big hurdle for Ebola drugs").

What little research has been conducted on possible cures and vaccines was funded by the US Pentagon, for dubious reasons: at best, to protect US soldiers who might be deployed to the jungles of central Africa as an imperialist invasion force; at worst, to determine whether the virus could be weaponized for use against potential enemies.

What would a serious response to the Ebola crisis look like? It would entail a massive, internationally coordinated response which calls on vast resources on the scale necessary both to save as many as possible of those under immediate threat and to prevent the development of an outbreak on a global scale.

It would mean the mobilization of doctors, nurses, public health workers and scientists from America, Europe, Russia, China and the rest of the world to fight back against a deadly threat to the entire human race. And it would mean taking control of this response out of the hands of the national military establishments, particularly the Pentagon, and the giant pharmaceutical firms, one of the most corrupt and rapacious detachments of big business.



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