World Health Organization says Ebola cases could reach 10,000 per week

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The number of new Ebola cases in Africa could grow as high as 10,000 per week, ten times higher than earlier estimates, according to projections the World Health Organization (WHO) reported Tuesday.

Dr. Bruce Aylward, who heads the WHO response to the crisis, said the public health organization now estimates the mortality rate in the countries affected by the outbreak—Sierra Leone, Liberia and Guinea—to be around 70 percent. Even though earlier statistics had shown a survival rate of around fifty percent, the UN-affiliated organization is now recording "at best 30 percent survival," he said.

Aylward noted that the impact of the disease in the capitals of the three worst affected countries continues to increase. "Any sense that the great effort that's been kicked off the last couple of months is already starting to see an impact, that would be really, really premature," he warned.

Aylward called for the implementation of a so-called 70-70-60 plan, in which 70 percent of new cases would be isolated, and 70 percent of bodies would be safely buried, within 60 days.

According to the latest figures from the WHO there have been 8,914 cases of Ebola and 4,447 deaths from the disease. But those figures may underestimate the extent of the crisis, Aylward said, because many cases are not reported.

Aylward's statements were followed by the announcement by the US Centers for Disease Control and Prevention (CDC) that it would devote additional resources to combat the spread of the disease. Thomas Frieden, director of the CDC, said in a news conference Monday that the US is creating a rapid-response team to assist hospitals "within hours" of any reported infections.

Frieden admitted the inadequacy of the federal agency's response to the case of Thomas Eric Duncan, the Liberian man who died in Texas on October 8. He said a critical-care nurse, Nina Pham, might not have been infected if a team had been sent to Dallas immediately after Duncan was diagnosed. "I wish we had put a team like this on the ground the day the first patient was diagnosed," Frieden said, "but we will do that from today onward with any case in the US."

Frieden's acknowledgement follows the statements Monday by WHO Director-General Dr. Margaret Chan, who called the ongoing epidemic "unquestionably the most severe acute public health emergency in modern times."

Noting that, "Ebola emerged nearly 40 years ago," she asked rhetorically, "Why are clinicians still empty-handed, with no vaccines and no cure?" Answering her own question, she said, "A profit-driven industry does not invest in products for markets that cannot pay."

The refusal of the pharmaceutical giants to develop a vaccine has led to the deaths of thousands in the former colonial countries of West Africa. The danger that this deadly disease could spread to the United States and other developed countries has been increased by the systematic and ongoing cuts to scientific research and public health systems, which can only be characterized as criminally negligent.

Dr. Francis Collins, the head of the National Institutes of Health (NIH), told the *Huffington Post* that the US would likely have already developed a vaccine for Ebola if budget cuts had not devastated the country's research capacities.

"NIH has been working on Ebola vaccines since 2001. It's not like we suddenly woke up and thought, 'Oh my gosh, we should have something ready here,'" Collins said.

"Frankly, if we had not gone through our 10-year

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slide in research support, we probably would have had a vaccine in time for this that would've gone through clinical trials and would have been ready."

In addition to slowing down the development of an Ebola vaccine, Collins added that budget cuts have significantly impacted the development of therapeutic treatments, which he said, "were on a slower track than would've been ideal, or that would have happened if we had been on a stable research support trajectory." He added, "We would have been a year or two ahead of where we are, which would have made all the difference."

Collins added that, despite the Ebola crisis, no additional money had been allocated to the NIH. Collins said that the NIH was forced to "take dollars that would've gone to something else...and redirect them to this."

He said that an Ebola vaccine is already under development, but that the best-case scenario would be for clinical trials to start in December, and it would not be known whether the drug was effective until February or March.

He likewise said that the Ebola treatment known as ZMapp would not be available in significant doses this year because of budget cuts. "Had it not been for other shortages, we might very well by now know that it works and have a large stock of it," he added.

As a result of the so-called sequester budget cuts implemented last year, the National Institutes of Health (NIH) and the National Science Foundation (NSF) had their budgets slashed by 5.1 and 2 percent respectively.

Between 2010 and 2014, the NIH's budget has been cut by $446 million, while discretionary funding for the CDC was cut by $585 million during the same period, *Scientific American* reported this week. Funding for the CDC's public health preparedness and response programs has been reduced by more than $1 billion since 2002. As a result of these cuts, over 45,700 jobs have been cut from state and local health departments since 2008.

Democratic Party supporters have been quick to blame Republicans for these cuts. However, Obama's 2015 budget proposal also calls for significant cuts to health care spending, together with major cutbacks to other social services.

The ongoing Ebola crisis stands as a scathing indictment of the system of profit-driven medicine and the destruction of public health systems in the US and other countries in the name of slashing taxes for and boosting the profits of the major corporations and the wealthy.

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