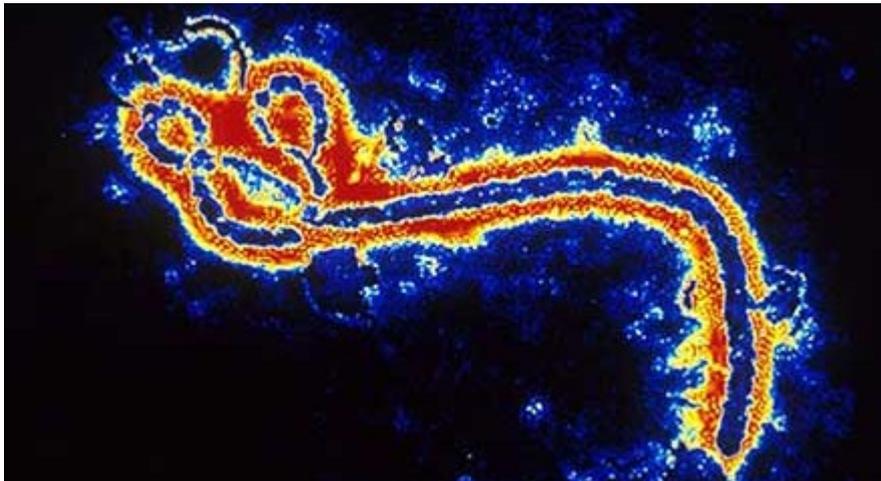


Threat of social breakdown

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The Ebola outbreak in west Africa is a product of structural poverty and politics, argues Simon Wells



Deadly, but preventable

At the time of writing there have been 12,000 reported Ebola deaths in west Africa - 40% of those occurring since September, according the World Health Organisation. The WHO has estimated that there could currently be 20,000 infections, and the US Centers for Disease Control says that as a worst-case scenario there could be as many as 1.4 million people infected by the end of January. The main countries affected are, of course, Guinea, Liberia and Sierra Leone, three of the 12 least developed countries in the world and home to over 22 million people. There is a real risk of total economic and social collapse.

Médecins Sans Frontières (MSF), the humanitarian charity, has been at the forefront of tackling the virus for the past six months, with around 3,000 staff on the ground. However, it is struggling to cope with the numbers of people infected, including around 200 clinicians. It has now effectively admitted defeat and has called on military forces to help combat the spread of the disease. Peter Piot, the Belgian director of the London School of Tropical Medicine and Hygiene and the scientist who first identified the Ebola virus in 1976, has himself called for a “quasi-military intervention.”

Trials for drugs and vaccines are not expected to be ready before December, when the results of tests are known. And it will be six months after that before we know whether those drugs and vaccines are actually effective. Even then there are not the facilities to produce the vaccines in the quantities required. Given the limited supply, there is also the question of prioritisation: which groups of people and areas should be tackled first?

It is not as though the 'international community' has not known about the outbreak, which began in spring of this year. MSF has criticised the WHO for being slow to respond. However, WHO's funding from individual states has stagnated in the past quarter of a century and since the financial crisis voluntary donations have tumbled. As such the WHO was not best placed to lead from the front. Added to that are other crises - Iraq, Syria, Palestine and elsewhere.

In truth, this terrible disease could have been tackled when first discovered in 1976, and a potential disaster averted. Since then there have been far too many unnecessary fatalities across equatorial Africa, with mortality rates amongst those infected rising from 60% to 70% in the present crisis. However, private drugs corporations were never going to commit to the necessary large-scale investment needed to defeat the virus, given the previous relative infrequency of the disease and the poverty of those populations now most in need.

The latest outbreak of Ebola cannot be attributed to one cause, but several exacerbating factors - a so-called "perfect storm", as Peter Piot puts it, of interconnected factors, such as political, socioeconomic and environmental failings. A major host for the virus, tropical fruit bats, have migrated, in view of climate change and forest logging. Driven into heavily populated areas, the bats are ending up in greater numbers as bushmeat, passing on their infection to humans.

The natural inclination is for family members or friends of those affected to care for them, which results in the further spread of the infection. The simple and basic medical equipment needed to handle infected people is criminally lacking. And when the person dies, traditional burial practices have to be bypassed in order to dispose of the body safely, but that may not always be the case.

Finally there are the three countries where the infection is currently raging, all three poverty-stricken. Guinea is ruled by a military junta, while both Liberia and Sierra Leone have recently emerged from bloody civil wars. Furthermore they have to cope with Lassa fever, yellow fever, malaria and other diseases within chronically underfunded healthcare systems. Per capita spending on health and doctor-patient ratios are a fraction of those in western Europe.

Awareness of the dangers from Ebola has been very late in coming. The latest outbreak was only seriously noted by the international media in July, when two American volunteers contracted the disease. Only in August did the WHO declare a "public health emergency of international concern". And this is when the developed capitalist world started to think about self-protection. However, the response so far has consisted of

mere tinkering. For example, health secretary Jeremy Hunt's introduction of airport temperature tests for incoming passengers are next to useless. Ebola can be suspected if a traveller declares they have arrived from an infected area. However, there are many febrile diseases including malaria, typhus and yellow fever. And, given that the incubation period is two to 21 days, symptoms (including a high temperature) will not manifest themselves immediately.

To see what sort of healthcare system we need, we should go back to the founding of MSF in 1971, when a group of young doctors were thrown out of the international committee of the Red Cross for criticising the atrocities they saw during the Biafran war. One of those founders was Bernard Kouchner, who had been expelled from the French Communist Party in 1966 for criticising the Stalinist leadership.

These volunteers sought to treat those in need without the prior authorisation of the Nigerian government, which was ruthlessly suppressing the attempted secession of Biafra. Médecins Sans Frontières - which, of course, means 'Doctors Without Borders' - aimed to bring medical supplies to those at the sharp end of such brutal conflicts, whereas the official medical agencies refused to enter war zones or even seriously criticise the relevant authorities. While it is staffed by volunteers, who put their lives at risk in areas where medical services and structures have collapsed, it cannot be said that MSF is an ideal organisation. It is first and foremost a charity, driven by various forms of reformist and liberal politics.

Everyone knows that what is required is not only the necessary funding for healthcare, but a massive development of the infrastructure of the affected countries, plus education, training and relief from poverty for the overwhelming majority. If such a situation existed, the high risk involved in treating Ebola-infected patients would be much reduced and it would be very likely that the spread of the disease would be halted.