EBOLA AND OUR HUMANITY IN AN INTERCONNECTED WORLD

Africa's health infrastructure and Nigeria's success at fighting the disease tell an important story.

Ebola is not a continent. It is also not a people. It is a disease caused by a virus carried by fruit bats and other primates and rodents in mainly tropical rainforest regions of Eastern, Central and Western Africa. The first case of an Ebola viral infection in Africa was reported in 1976 in the Central African country of Zaire (now Democratic Republic of the Congo).

The ongoing Ebola outbreak in West Africa is the first of its kind in the region. It began, in December 2013, in Guinea – a distance of about 3,813 kilometers from the Democratic Republic of the Congo, similar to the distance between Tampa and Las Vegas, Nevada. A two-year old boy is believed to have been bitten by an infected bat and died from a type of hemorrhagic fever associated with Ebola.

Since news broke that Ebola has spread beyond Guinea to other neighboring West African countries, killing nearly 4500 people, so much has been said. New names hit the headlines ---- Dr. Kent Brantly Nurse Nancy Writebol, and patient Thomas Eric Duncan---- when they became the faces of Ebola on U.S. soil. A new discussion of the public health implications ensued. But almost immediately, that discussion descended into a hysterical public discourse.

In the aftermath of Duncan's death, and the infection of two of his nurses, some politicians have invoked Ebola's frightening nature to call for a total ban on all flights to the United States from the affected West African countries, the entire region, and even the African continent.

Distressing stereotypes

Some have reached for familiar Western stereotypes of Africa and Africans as the "embodiments" of disease and claimed that Ebola – from "darkest Africa" now poses an existential threat to "American civilization." While others have argued that these reactions are understandable public health responses to a deadly disease, it is clear that this type of discourse that makes Africa, Africans and Ebola tantamount to one and the same, stirs up fears reminiscent of 19th Century European stigmatizations of the continent and its people as "backward" and "dangerous."

In fact, we're talking about three seriously affected nations in a West African region of sixteen countries. There are 55 African nations in total – 48 on the continent itself, the rest are islands. What's extremely important to take note of with Ebola and its continuing effects is the exposure of the serious fragilities in too many of the social and political systems of the region that will need to be addressed in the wake of the Ebola outbreak – for the sake of Africa and the world.

We've now learned about some of the cultural contexts of disease transmission, namely the entrenched cultural beliefs in many parts of West Africa about death, preparation of the dead for burial and mourning of the dead. It has been reported that Ebola spread beyond Guinea after hundreds of mourners from neighboring Sierra Leone and Liberia attended the funeral, in May 2014, of a well-known Guinean traditional healer who is presumed to have died of the infection. If this is true, it should cause a rethinking of some existing traditional funeral rites, in West Africa, especially the customary touching of the dead in the expression of grief.

However, whether Ebola is transmitted through contact with fruit bats or through funeral rituals, we have to look at the health infrastructure of these nations to understand how this disease could have claimed such an astounding number of human lives and could claim so many more in the rest of the world.

Health care is the issue

Long before the Ebola virus arrived, the sick and the dying in the affected West African countries had no better health care in their already neglected and broken national health systems. A finger must be pointed at the criminal neglect of the health infrastructure of the affected countries by dictatorial governments and their officials who have amassed tremendous wealth. They failed to build any new hospitals, and are quick to fly to hospitals in Europe and North America to seek medical treatment when they fall ill. Governments and armed groups waging war in Liberia and Sierra Leone, in recent years, also exposed hospitals and public health infrastructure to deliberate attack.

The broken health systems in Guinea, Sierra Leone and Liberia are also the result of public policies, some of which were induced by IMF and World Bank policy prescriptions, as well as international aid requirements that removed state financial support for education and health.

In addition, one cannot overlook the mounting debt of the affected countries owed to Western nations and banks. The figures are staggering by 2012 estimates (Guinea: $ 2.6 billion; Sierra Leone: $827.6 million; Liberia ($400.3 million).

When countries spend their entire national budgets on paying their foreign debts, there is not much left for the development or purchase of vaccines; the training of medical personnel; the building of hospitals and the inducement of their best and brightest to stay home. Overall health, nutrition and basic disease immunity are compromised by overwhelming poverty. When diseases strike, as they often do with stealth and ferocity, these troubling realities about contemporary Africa become glaring and deadly. They stand in stark contrast to what happens when patients get careful and effective treatment as early as possible.

A Nigerian success story

There is, however, a West African success story amid the gloom that Ebola has cast on the region. Nigeria has done a commendable job of containing its first and, so far, only Ebola incident. The virus had been brought into the country by Patrick Sawyer, a Liberian-American

diplomat, who collapsed at Lagos airport in July 2014, after arriving in Nigeria on a flight from Liberia. After a private clinic in Lagos, a city of about 21 million people, determined that Mr. Sawyer had Ebola symptoms, the clinic's chief physician Dr. Ameyo Adadevoh moved immediately to have him quarantined despite protests from Mr. Sawyer and from the Liberian government.

The Mayor of Lagos, Babatunde Fashoda, set up an Ebola Emergency Operations Center in his city and implored his city's health officials to track down any Lagos airport personnel, and passengers on the flight that brought Mr. Sawyer to Nigeria, who may have had any form of contact with him. Patrick Sawyer later died from the disease, and eight other health workers who cared for him also died. But, between his arrival in July 2014, and October 2014, when the World Health Organization declared Nigeria free of Ebola, the Mayor of Lagos and his officials trained about 2,000 health workers who contacted nearly 26,000 people who had had direct or indirect contact with Mr. Sawyer, and monitored their temperature and movements. The rapid response of the Mayor of Lagos, the leadership he provided, the visits he personally took to his city's Ebola treatment center, and, equally important, the calm he brought to a panic-stricken city of 21 million people through his assurances to the public about Ebola and how it spreads, are the most salutary examples of how Nigeria reacted to the Ebola outbreak in its backyard. That contrasts sharply with the hysterical and near-paranoid responses that we have seen in the United States.

Our 21st Century world may be distinct, in its geography and ethnicities, but it is interconnected in its human interactions and disease transmission. Whether they break out in Tampa or Texas, in the United States, Freetown or Monrovia, in West Africa, diseases as natural disasters have no passports and, thus, no regard for national boundaries. This fact ought to shape how we talk about diseases and people. Whenever we associate a group of people with a type of disease, we cross the line between appropriate public health reactions and attack on that group's humanity and dignity. In fact we lose our humanity too by acting in that manner. This Ebola outbreak should remind us of our common vulnerability to transnational diseases in an interconnected world.

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