

handle energy imports from Yemen. Enron is also building a terminal to import gas for power generation in Maharashtra. The LNG will come in from Oman and Abu Dhabi. Enron's MetGas unit would distribute gas to other consumers in southern India via a pipeline grid. Another consortium, headed by Siemens, Woodside Petroleum, and Unocal, is planning to build an import terminal at Ennore to supply gas for power generation. TotalFina of France, in a joint venture with Tata Electric Company and the Gas Authority of India Limited (GAIL), is planning a facility at Trombay, which will supply gas to a power station and other users in Maharashtra. Petro-net, a joint venture of India's public sector companies, plans two import terminals, one at Dahej and the other at Cochin. Qatar's RasGas has signed an agreement for LNG supplies beginning in mid-2003.

Similar developments have also occurred in various highway projects that are now being undertaken. India is in the process of building a four-lane north-south and a four-lane east-west highway corridor. These highways are scheduled to be completed by the year 2005.

The other area of growth is in India's Information Technology (IT) sector, which has grown phenomenally in recent years. However, the contribution of the IT sector, while still minimal in the context of India's overall economy, is now producing 1% of India's GDP.

Despite the fast growth registered by the IT sector, much of the hardware and equipment used in India comes from abroad. India's hardware manufacturing is less than that of China, Taiwan, Korea, Malaysia, Singapore, Thailand, and the Philippines. The fast growth of the IT sector has ushered in yet another problem. The huge increase in salaries of senior managers and the professionals in the IT sector have created what the Prime Minister described as a "digital divide" within the Indian workforce. Expressing concern over such disparity in income, Prime Minister Vajpayee has urged caution to those who are pushing faster development of the sector.

Inaugurating a conference on "Globalization and Democracy" in Delhi on Dec.5, Vajpayee warned that the continued deprivation of the poor of the benefits of globalization could pose a threat to world peace, stability, and orderly progress. "Why has globalization not met with enthusiastic acceptance by all the people all over the world? The answer . . . lies in our failure to cast globalization in a democratic mold," he said.

Delhi has taken some important new initiatives, which may in the future bring economic benefits. India's recent oil-for-food barter agreement with Iraq is going to benefit both nations. India has shown serious intent not to remain dependent on a single source for oil and gas. In this context, India's bilateral agreement with Malaysia and Nigeria is of great import. Baghdad has reported that India will be developing Iraq's Tuba oil field in order to further strengthen its bilateral relations with Iraq and solve some of India's huge energy problems.

Ugandan Ebola Fever Outbreak Is Not Under Control

by Linda de Hoyos

The death on Dec. 5 by Ebola fever of the doctor in northern Uganda who first issued the alert that the fever that was presenting could be Ebola and forced its testing, has refocused attention to the fact that the epidemic of Ebola fever is not under control. Dr. Matthew Lukwiya, Medical Superintendent of St. Mary's Hospital in Lacor, Uganda, died of the Ebola fever after working double shifts for days caring for nurses who had contracted the disease. The epidemic of the deadly hemorrhagic fever broke out in late September. Since he first forced the testing and diagnosis of the Ebola fever, Dr. Lukwiya had led a staff of nurses and doctors, working with Ebola specialists from the Atlanta Centers for Disease Control and the World Health Organization (WHO), in efforts to halt the epidemic.

Ebola swiftly kills its victim by the beginning of the second week of the appearance of the symptoms. The virus causes a disintegration of the walls of blood vessels, thus causing a breakdown of organs and hemorrhaging. Very little is known about the virus, and researchers are in as grave a danger working with it as health workers are in treating people.

In this latest outbreak of Ebola, 359 people have come down with the disease and 151 have died. Thanks to the work of Dr. Lukwiya and others, the death rate for Ebola, which was 85-90% during the last major outbreak in the Congo in 1995, was brought to the 40% range.

There is no known treatment for Ebola fever at this time. The Centers for Disease Control assured inquirers that "Dr. Lukwiya received the best support we know how to give. His death, along with all the others, shows us how terrible this disease is and that we still have a long way to go to find effective therapies."

Dr. Lukwiya's death is a terrible shock to the Acholi community of northern Uganda, which has borne the brunt of the Ebola outbreak, and also to the international community. News of his death circulated around the world in newspapers from Japan to India to Brazil to the United States.

New Cases Are Continuing To Present

The news of the latest outbreak has now given the lie to the report issued by WHO on Nov. 29, the day before Dr.

Lukwiya admitted himself to the hospital, that the Ebola epidemic in northern Uganda is contained. "The more recent cases in Gulu arose from victims who had already contracted the disease but were undiscovered by the authorities," the WHO report said. But on the ground, source say that cases are continuing to present, and that 24 new cases were reported on the day of Dr. Lukwiya's death, followed by 17 more cases on Dec. 6. The disease has been found primarily in Gulu, but eight people have died in the district of Masindi, and cases have been found in Mbabara in Uganda.

Furthermore, in the week before he fell ill, Dr. Lukwiya sent out an urgent call to the Acholi community abroad to send medical gloves, boots, and gowns that are required for the "barrier nursing" used by health workers to take care of Ebola patients. Without such means, health workers, who have enormous exposure to the disease, will quickly succumb to it.

In addition, Ugandan Health Minister Crispus Kiyonga was honored by the international community for his role in stemming the epidemic. However, according to Ugandan sources, five ambulances that were donated by UNICEF to the medical system in Gulu are still in the Ugandan capital, Kampala. Funds allocated to fight the epidemic also have been held in Kampala. Only 60 million shillings of 200 million shillings allocated have reached the north of the country, while local authorities are strapped for cash to take care of family survivors of victims and to keep the medical system going.

Health Workers Suffer

Before Dr. Lukwiya fell to the disease, 12 nurses, including three student nurses, had died of the disease at St. Mary's. Of the total epidemic deaths, 22 were health workers. Early in November, ten nurses at Lacor Hospital came down with the disease, and there was a sitdown strike among staff. The government has now promised compensation to the families of health workers who have died of the Ebola fever.

Even before the death of Dr. Lukwiya, the *New York Times* reported in an editorial on Dec. 4, that "the infection rages" in northern Uganda "for the most mundane reasons. Local hospitals cannot afford soap, bleach, and gloves, the elementary infection control tools that would contain the disease."

The *Times* said that "first line of defense is the African nations themselves," and commented that industrialized nations can help by cancelling the debt, because African governments are forced to pay debt service at the expense of maintaining minimal medical services. However, the Ugandan government has been the biggest recipient of donor largesse and debt forgiveness. As the *Times* noted, "If many of these governments can find tens of millions of dollars for armies and weapons, they can surely afford to make health a priority."

While this charge does not fit for most African govern-

ments at all, it definitely does for Uganda. Under President Yoweri Museveni, Uganda has been in a constant multi-front war against its neighbors on behalf of private Western interests. With his troops in eastern Congo now lining the pockets of officers with gold and diamonds, the people in the country suffer a complete breakdown of all services. Uganda once had the finest medical system in Africa, second only to South Africa. Today, death rates are high in Uganda for all diseases, not only AIDS.

It is noteworthy that the President has not said one word about the outbreak of the Ebola fever, until the death of Dr. Lukwiya.

Outpouring for Dr. Lukwiya

"People are devastated," said Onek Paul, director of health services for Gulu, in telling reporters of the impact of Dr. Lukwiya's death. "He was a driving force in our community." That was the case long before the Ebola fever broke out. The districts of northern Uganda have been a war zone for the last 14 years in a pointless war between the Lord's Resistance Army (LRA) and Museveni. Museveni has never deployed his troops to defeat the LRA, and has also never attempted to seriously bring them out of the bush. The main victims of the war have been the Acholi community of northern Uganda. Nearly half the Acholi have been displaced and live in squalid camps without food, water, sanitation, or medical services. Dr. Lukwiya has devoted his time to working and helping people in the camps since they opened in late 1996.

Dr. Lukwiya had a masters degree in tropical pediatrics, and was to complete in March a masters in public health. Thousands of people attended a mass said for him at St. Philips Cathedral. Pope John Paul II commended the dedication of Dr. Lukwiya, in a message delivered by the Apostolic Nuncio who said the mass. The leading spokesman for the Bugandan community of Uganda expressed the grief of the entire country: "We salute this special breed of a man whose death should be a shining example and challenge to the rest of us, to intensify the fight against this deadly disease and to emulate the exemplary courage and care he has selflessly exhibited to those in need."

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