

Military-Style Mobilization Urgent For Ebola Outbreak in West Africa

by Marcia Merry Baker and Douglas DeGroot

Aug. 23—The following are priority categories of intervention urgently required to roll back and defeat the Ebola virus disease (EVD) outbreak spreading in West Africa, which is a world health emergency. There must be a military-style, international mobilization. Selected updates are given below, from recent relief agency reports, to indicate what is involved for a full-scale response, and to enlist experts to spell it out, and enforce action.

The international community has made “almost zero” response to the disease outbreak, Brice de la Vigne, Operations Director of Doctors Without Borders (Médecins Sans Frontières/MSF), told the *Guardian* on Aug. 19. He had just toured Guinea, Sierra Leone, and Liberia. “Leaders in the West are talking about their own safety and doing things like closing airlines—and not helping anyone else,” he said. Political leaders in industrialized countries must take action, he added, or the epidemic will spread much farther. “You need very senior people with high profiles, the kind of people who can coordinate a response to a million people affected by an earthquake.”

The nature of what is needed is the same, in principle, as that required, but not undertaken, in Haiti, in response to the Jan. 12, 2010 earthquake, which befell an already impoverished people and economic landscape. Today in West Africa, the scale of the disaster is larger. It involves a killer microbe—the Ebola virus, which is one of three members of the *Filoviridae* family, for which there is no licensed medical treatment or vaccine for use in people or animals. EVD involves fever and internal bleeding. Human-to-human transmission takes place readily via bodily fluids, only slightly less easily than by aerosol means.

The only way to save lives at present, is to isolate the stricken person, give supportive treatment (hydration, breathing assistance, etc.), trace and isolate all contacts for the necessary quarantine period (approximately three weeks), and stop the transmission of the virus. Depending on the baseline health of the patient, early diagnosis and proper treatment can bring the

death rate down from 90% to 50%.

Logistics-in-depth is the difference between life and death.

In the case of Haiti, Lyndon LaRouche proposed a full-scale logistics response plan on Feb. 23, 2010, in his call to relocate the population to high ground and rebuild; this was also proposed to President Obama personally, by networks associated with the U.S. Army Corps of Engineers. However, the White House turned down both, cold. Now cholera is established in Haiti and the island of Hispaniola, as is chikungunya, a recent viral fever disease from Africa, plus resurgent malaria and other diseases.

The all-out mobilization to end EVD in West Africa must commence.

I. Basic Necessities

The population in the immediate three nations of the outbreak is 23 million—Liberia (4.5 million), the Republic of Guinea (12 million), and Sierra Leone (6.3 million). Plus there are cases in Nigeria (178.6 million). The displacement of people, and disruption of necessary activities, e.g., farming, sets up a need to ensure basic necessities across the board. This is severe in the core areas defined by the current outbreak, but also in the larger region of West Africa, as seen in the 15 member nations of ECOWAS (Economic Community of West African States), whose combined population is over 250 million.

Food. The UN World Food Program said on Aug. 15, that food must be provided to at least a million people in Guinea, Liberia, and Sierra Leone. This is a conservative estimate of need. The number will increase, and the need will continue for some time. In some places, trucks are distributing food, including cooked meals, according to Steve Taravella, a WFP spokesman, since provision must be made for people to eat who don’t have the means to prepare food. Disruption in the rural areas automatically means disruption of agriculture. The UN Food and Agriculture Organiza-

FIGURE 1
Ebola Outbreak 2014



tion, working with each nation's government, must supply an immediate set of contingency plans.

Water. As of ten years ago, only about 63% of the larger region of ECOWAS had access to safe water, with little or no improvement since. Therefore, safe water for the areas of displaced people, as well as for medical treatment centers, the food chain, and other purposes, must be provided.

Sanitation. Sanitation measures for personal hygiene, under conditions of mass dislocation as well as in home settlements, must be rigged up. In addition, sanitation measures for dealing with the dead, with contaminated materials, and related exigencies must be set up on the scale required.

Transportation. Very few paved roads exist in the hardest-hit areas. Fleets of vans, tankers, field-refrigerated trucks, etc., must be mustered, along with setting up fuel storage, distribution, and international delivery logistics. The UN, World Bank, and World Health Organi-

zation have conferred on making air-drops of food aid, especially to regions such as the Mano River basin (on the border between Liberia and Sierra Leone), home to over a million people, and an epicenter of the disease.

Power. Hospitals and other key centers must have contingency arrangements for reliable electricity.

Housing. Adequate camp-style housing must be set up, and/or expanded wherever necessary, ranging from emergency barracks to semi-permanent dwellings. There are military and other models for this, ranging from mobile units to hoop buildings (a modern version of quonset huts).

Quarantine facilities. Decent conditions for those needing to be under watch for manifesting Ebola symptoms (up to 21 days) must be expanded at whatever location and scale necessary.

Security. Security arrangements, associated with protecting daily life, access to necessities, and health and medical aid, must be worked out with the host governments and mission forces.

II. Public Health

Earlier screening to find the infected. The development of a field test kit capable of identifying the presence of the Ebola virus in three

to four hours was announced Aug. 14 by BGI, the largest genomics research institution in the world, in Shenzhen, China. China's Academy of Military Medical Sciences announced that it had received approval for the mass production of the test kits from the China Food and Drug Administration on Aug. 21. BGI has been working on the Ebola virus, in collaboration with military research institutes, for years, which made it possible for the company to come up with a test kit so soon after the outbreak of the crisis.

Medical care capacity. It is vital for Ebola patients to have the full spectrum of medical support, such as oxygen assistance, fever mitigation, good sanitation, and hydration and nutrition maintenance, because there is no cure for the disease at present. There is only support treatment. This means facilities, equipment, materials, and staff, at key hospital centers throughout the epidemic region, and the setting up of contingency centers.

Health workers. The need for staff is particularly

dire. At present, charity and volunteer organizations comprise most of the frontline ranks, which are far below the numbers necessary. What is required is top-down staffing from a multinational commitment of military or equivalent ranks. Early in August, the World Health Organization (WHO) opened a regional coordinating center in Conakry, Guinea, but the deployment capacity is way below what is needed.

On Aug. 15, Joanne Liu of MSF urgently called for reinforcements. “We are not talking about weeks; we’re talking about months to get an upper hand on the epidemic,” she said.

Some 700 health workers from MSF are at various locations in the epidemic zone, as are 50 staff from the U.S. Centers for Disease Control and Prevention (CDC), plus persons from a few other organizations (Plan Ireland, Red Cross, JHpiego). Samaritan’s Purse is considering on what terms it will resume sending in health workers, after one of its leading physicians contracted EVD, and was sent back to recover in the United States.

China announced plans on Aug. 10 to send three expert teams and medical supplies to Guinea, Liberia, and Sierra Leone.

Contact tracing/quarantine. Tracing the contacts of an Ebola patient, to isolate and monitor them, is critical to push back the epidemic. This task requires staffing in depth, and quarantine facilities which work effectively.

Education. The best kind of community support work is required, in the context of the fear and despair that have been fostered by years of enforced poverty, lack of means of modern life, and strife—all of which are deliberate policies of the neo-British Empire in Africa. Therefore, health worker cadre are critical, with demonstrable interventions to provide food, security, and a future.

III. Building the Economy

Accompanying the focus on defeating the Ebola disease itself, is the necessity of an all-Africa economic development drive. Permanent, vital infrastructure must be put in place—water, sanitation, power, transportation, and cultural and scientific research centers.

Among the signal initiatives in this mission are two recent announcements for the continent: South Africa has resumed its commitment to expanding nuclear power and high-technology nuclear research. Egypt has announced its commitment to nuclear power, a new, expanded Suez Canal, and the completion of the Toshka agriculture project. These initiatives, along with such proposed continental-transformative projects as Trans-

Aqua, to fully manage and direct the great Congo River Basin flow, supply the development vector, with which projects in West Africa will make its nations flourish.

IV. International Defenses

Two obvious lines of action are urgently required:

A crash science program must be conducted to conquer the Ebola virus, with a vaccine, effective drugs, and harnessing of any advanced isotopic-age means of vanquishing enemy viruses. This requires the highest-level international collaboration. A vital part of this, is to push the epidemiological knowledge, in order to devise ways to intervene in the animal-bat-virus nexus in which the Ebola virus lurks in Africa, so the disease can be eradicated, once and for all.

Texas researchers announced Aug. 20 the successful use of an experimental drug in the treatment 16 out of 21 monkeys that had been infected with the Marburg virus. The drug was administered after symptoms had presented. The five that were not treated died. The Marburg virus is closely related to the Zaire Ebola virus strain in West Africa. Genetic material referred to as “small interfering RNA” was used to block the virus’ ability to reproduce. The Tekmira Pharmaceutical Corp. of Canada is attempting to develop a drug that is effective against Ebola, based on this data.

Russia, on Aug. 21, sent a group of eight virologists to Guinea to help fight the epidemic, Deputy Prime Minister Olga Golodets said, “They’ll be working along with the scientists from other countries on the new anti-virus drug.” Alexander Semyonov, head of virology at St. Petersburg’s Pasteur Scientific Research Institute, said that the Russian scientists would “work in the field and help in the fight against Ebola using special medical diagnostics.”

Interim national health defense measures and travel protocols must be activated everywhere, in the context of a commitment to economic advancement, as a matter of course.

For example, Africa-to-the-Caribbean has been a traditional transmission route for certain human, botanical, and zoological infectious diseases. The latest arrival was the chikungunya virus in 2013, showing up on the Caribbean island of St. Martin, and then spreading in the United States and elsewhere in the hemisphere. The Pan American Health Organization is now warning Caribbean countries to be prepared for possible introduction of Ebola in the region. The means to set up preparations for defense, in Haiti and everywhere else, must be provided.