

Military Challenges Obama On His Dangerous Ebola Lies

by Debra Hanania-Freeman

Nov. 2—The Obama Administration may be prepared to try to lull the American people into complacency about the danger of the Ebola epidemic now ravaging West Africa, spreading into a global disaster, but the U.S. military is not. Last week, the Joint Chiefs of Staff and the Secretary of Defense openly broke with Administration policy, and took action to not only defend the members of the military now participating in operations in West Africa, but to commission an honest scientific study on the transmission of the disease.

While nothing short of the international cooperation outlined in LaRouchePAC's Emergency War Plan Against Ebola (see last week's *EIR*), will actually be effective, the military's action represents an important move toward sanity within the United States.

New York, New Jersey Act

Last week, as the Administration continued to lurch from one policy failure to another, questions grew increasingly acrimonious over guidelines for dealing with people who either come in contact with Ebola patients, or who enter the U.S. from the three West Africa nations currently suffering from an as-yet-unabated epidemic of the deadly virus.

New York Gov. Andrew Cuomo and New Jersey Gov. Chris Christie, in an Oct. 27 press conference, cited the proven incompetence of existing CDC "self-monitoring" guidelines, and announced tough, new measures, including a 21-day quarantine period for

health workers caring for Ebola patients. The move came after the CDC cleared a Dallas, Texas nurse involved in the care of Thomas Duncan, the Liberian man who subsequently died from the virus, to fly back to Dallas from Cleveland on commercial flights even after she informed CDC officials that she was running a fever. She ultimately required hospitalization and treatment at Emory University's biocontainment unit in Atlanta.

The following week, Dr. Craig Spencer was rushed to New York City's newly outfitted biocontainment unit, with a high fever, some 11 days after returning to New York, after volunteering with Doctors without Borders, treating Ebola patients in Guinea. Although Spencer was "self-monitoring," taking his temperature twice daily, he had been feeling ill for several days before spiking a high fever. He also initially lied to authorities about his travels around the city following his return from Guinea.

Spencer first told officials that he had isolated himself in his Harlem apartment, failing to admit that he rode the subways, took taxis, dined out, and went bowling, until members of the police department looked at his MetroCard.

According to a report first published in the *New York Post*, "He told the authorities that he self-quarantined. Detectives then reviewed his credit-card statement and MetroCard and found that he went over here, over there, up and down, and all around," a source said.



EIRNS/Marsha Bowen

As the Obama Administration tries to convince the public that Ebola is not a threat, LaRouchePAC is circulating its Emergency War Plan to fight the disease. Here, LPAC organizes at the Anderson Medical Center in Houston.

Obama Lashes Out

An enraged Obama lashed out with harsh criticism, and accused the governors of sabotaging the recruitment of volunteer health-care personnel willing to travel to West Africa. An emergency meeting was hastily convened at the White House the following Sunday, and on Monday, Oct. 27, new guidelines were released that stopped short of the New York-New Jersey policy, instead requiring people who have been in contact with Ebola patients to submit to an in-person checkup and a phone call from a local public-health authority.

The long-delayed issuance of the CDC policy did little to quell the discontent. On Oct. 27, Cuomo criticized the new guidelines, telling reporters, "I work with the federal government but I disagree with the CDC. My No. 1 job is to protect the people of the state of New York..." New York and New Jersey are not the only states not to fall in line. A number of others, including Florida, Illinois, and Georgia, have announced tougher policies, and more states are expected to follow.

Cuomo responded to the charge that New York's policy would discourage the recruitment of medical

workers, pointing out that the lack of adequate treatment facilities and personal protective equipment was the central issue of concern for potential volunteers. He defended the policy as a cautionary preemptive move necessary to protect public health and avoid the massive costs that were incurred, for instance, after New York officials learned the full extent of Dr. Spencer's travels around the city, and his contact with other New Yorkers.

The Pentagon Speaks Out

Obama's inability to quell the widespread discontent with his latest policy failure was further exacerbated when it became clear that not only state governments, but also the Pentagon, was charting an entirely different course of action as well.

On Oct. 10, Army Chief of Staff Gen. Ray Odierno had ordered a 21-day "controlled monitoring period" for all U.S. troops who deploy to West Africa as part of the force assisting in the Ebola crisis, even though none are expected to treat patients directly. Initially, White House spokesman Josh Earnest denied that it was a Pentagon policy, claiming it was an order issued "by one general." But, on Oct. 28, the Joint Chiefs of Staff (JCS) recommended the move, and the next day, Defense Secretary Chuck Hagel made it official Pentagon policy.

Speaking at the Aspen Institute's Washington Ideas Forum, Hagel said, "The fact is, the military will have more Americans in Liberia than any other department. That's number one. Number two, our people are younger. The cohorts are different. And this is also a policy that was discussed in great detail by the communities, by the families of our military men and women. They very much wanted a safety valve on this deployment."

The protocols also direct that in the 10 days before leaving Africa, commanders have the authority to keep troops in a controlled environment where they can receive additional monitoring. Once they have left Africa, the 21-day controlled monitoring period is mandatory, and while Pentagon officials have stopped short of calling it a quarantine, the period requires no physical contact with the outside world, and sleeping and dining separately from other service members.

Although the Pentagon has no authority to enforce the measures for civilian Pentagon employees, very few civilians are deployed as part of the mission. There are 55 DoD civilians working with about 1,200 uniformed personnel already on the ground in West Africa.

Civilians who opt not to take part in the military protocols will follow the CDC guidelines, and will not be allowed to travel away from their assigned workplace for 21 days. Uniformed personnel will follow the guidelines regardless of rank.

Army Maj. Gen. Darryl A. Williams, Commander of U.S. Army Africa, and approximately a dozen high-ranking members of his staff, are now in “controlled monitoring” in Italy after spending the past month in Liberia. Williams’ plane was met on the ground by Italian authorities in full biohazard gear and transported to a separate location at the U.S. military installation at Vicenza. They are housed with 30 other recently returned soldiers in an access-controlled location on base. Williams and his team had been in West Africa for 30 days to set up the initial U.S. military assistance there and have traveled extensively around Liberia. The team was in treatment and testing areas during their travels. There is no indication at this time that any of the personnel have symptoms of Ebola.

Military Demands Science

Although the policy sharply clashes with the Obama Administration’s strong opposition to imposing mandatory quarantine periods on asymptomatic health workers returning from the region, Secretary Hagel has made clear that the policy is “science-based” and has been thoroughly reviewed by health-care professionals.

Gen. Martin Dempsey, JCS chairman, who joined Hagel at a press conference formalizing the new policy, said the decision to quarantine soldiers after their deployments fighting Ebola was made on the basis that theirs is a unique situation, because they will be on the ground in West Africa for six-month tours, “longer than anyone else,” in large numbers. He also called it “consistent with the way we adapt our re-adaptation processes” for troops returning from any military deployment.

“We did factor in science. Physics is the science we factored in, in addition to biology,” he said, adding later, “This is about a major military operation and big things on a global scale.”

Dempsey also released a video in which he was speaking directly to his troops to reassure them that those who deploy in support of the U.S. effort to stop the spread of the Ebola virus will be okay. “While our mission in West Africa will not include direct patient care,” he says, “the safety and health of the men and women of our joint force and their families remains of

the greatest importance to me and the Joint Chiefs. We’re making sure that the men and women who deploy are provided the right training and the proper protective equipment. We have ensured that the highest medical and safety protocols are in place, and will remain in place, before, during and after deployment.”

The Pentagon also is not waiting for Obama in seeking new proposals to speed up efforts to find Ebola treatments. On Oct 24, the Defense Threat Reduction Agency, charged with the task of countering weapons of mass destruction, began the formal process of calling for proposals from researchers that can develop new vaccines, testing procedures, and other methods to fight the disease, including an investigation of whether the virus can be transmitted through the air, or live outside the body for an extended period.

The document, known officially as a “request for proposal,” in a section titled “Ebola Characterization,” reads: “While current science indicated the disease can only be transmitted by contact with contaminated body fluids, it remains unclear if other transmission modes are feasible. Filoviruses are able to infect via the respiratory route and are lethal at very low doses in experimental animal models, however the infectious dose is unknown. There is minimal information on how well filoviruses survive within aerosolized particles, and in certain media like the biofilm of sewage systems.”

The document continues, “Preliminary studies indicate that Ebola is aerostable in an enclosed controlled system in the dark and can survive for long periods in different liquid media and can also be recovered from plastic and glass surfaces at low temperatures for over 3 weeks.”

In an Oct. 15 interview with CNN, Dempsey also raised the question of potential airborne transmission. “If you bring two doctors into a room, one will say ‘No, it will never become airborne, but it could mutate so it would be harder to discover.’ Another doctor with the same specialty will say, ‘If it continues to mutate at the rate it’s mutating, and we go from 20,000 infected to 100,000, the population might allow it to mutate and become airborne; and then it will be a far worse problem.’” Dempsey concluded, “I don’t know who is right, but I don’t want to take that chance.”

The Frontline Response

Despite continued dishonest statements from the Obama Administration, insisting that no American need worry about the deadly disease, an increasing

number of public-health experts and health workers disagree.

National Nurses United and the California Nurses Association, which together represent 185,000 RNs nationwide, are planning a “national day of action” on Nov. 12 to protest how hospitals are preparing for Ebola cases, reported NNU Executive Director RoseAnn DeMoro at a California press conference on Oct. 30. Part of the day of action will be a two-day strike by more than 18,000 registered nurses at 66 Kaiser Permanente facilities in California, and a one-day strike by about 400 nurses at Providence Hospital in Washington, D.C.

In an NNU press release, DeMoro said: “If nurses are on the outside, it tells you there must be something wrong on the inside. What’s wrong on the inside is the cavalier attitude of most U.S. hospitals who would rather continue to put their nurses, other frontline healthcare workers, patients, and the public to the risk of exposure to Ebola than to take the steps necessary to ensure proper safety standards.

“The hospitals are willing to gamble with the lives and safety of RNs and other health workers. But we are not,” said DeMoro. “If registered nurses, the people who will be caring for Ebola patients and are at the most risk, are not protected from the Ebola virus, no one is protected. Stopping Ebola in our hospitals is the only way to stop Ebola in the U.S. . . .”

It is widely acknowledged that U.S. hospitals—not to mention those in Africa—lack the essential supplies of protective equipment that are required to protect the nurses who treat Ebola patients.

Academic work on Ebola is scant, and federal public-health officials and the broader medical community have a very limited understanding of the virus, despite their less-than-honest assurances. The Defense Department seeking of independent research is just one reflection of a growing movement calling for nothing less than a full-scale international Manhattan Project as defined in LaRouchePAC’s Emergency War Plan, to develop a vaccine, and ultimately a cure, for a deadly, potentially species-threatening virus.

CDC Alters Website To Agree With Obama Admin. Claims

Oct. 31—The U.S. Centers for Disease Control and Prevention (CDC) withdrew some information on Ebola from its website yesterday, after the *New York Post* reported Oct. 28 that the CDC website stated that Ebola *can* be contracted through casual contact; for example, in contact with a doorknob. The *Post* cited a reference on the CDC website which said that Ebola can spread through droplets that travel short distances when an infected person sneezes or coughs.

The reference, since taken down from the CDC website, had stated that Ebola germs can be spread through large droplets onto surfaces “like a soiled bathroom surface or handrails, from which another person can pick up the infectious material.” The reference can still be seen at a google cache: <http://tinyurl.com/klkr8vr>

The reference, which elaborated the difference between infections spread through the air, or by droplets, was taken down from the website so that it

would conform to Obama Administration policy, which maintains that the disease cannot be spread by casual contact.

The CDC also deleted a question from an Ebola Q&A link on its site which asked: “Can Ebola spread by coughing? By sneezing?” The removed question can be seen at this link: <http://tinyurl.com/k8r63fb>

The CDC’s new answer to the coughing or sneezing question states that there is no evidence that Ebola can be spread this way. It is reproduced here:

“Can Ebola be spread by coughing or sneezing?”

“There is no evidence indicating that Ebola virus is spread by coughing or sneezing. Ebola virus is transmitted through direct contact with the blood or body fluids of a person who is sick with Ebola; the virus is not transmitted through the air (like measles virus). However, droplets (e.g., splashes or sprays) of respiratory or other secretions from a person who is sick with Ebola could be infectious, and therefore certain precautions (called standard, contact, and droplet precautions) are recommended for use in healthcare settings to prevent the transmission of Ebola virus from patients sick with Ebola to healthcare personnel and other patients or family members.”