

Ebola Outbreak in West Africa: The Political Dimensions

Case documented in Dallas takes focus away from broader crisis of underdevelopment

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On Sept. 28 Patrick Eric Duncan was finally admitted to the Texas Health Presbyterian Hospital in Dallas where he was diagnosed with the Ebola Virus Disease (EVD). He had visited the same facility just two days before complaining of symptoms associated with the disease but was not admitted but given antibiotics and sent home.

This diagnosis of the first case of Ebola which impacted a Liberian national who had recently visited the West African state where the outbreak has had a profound impact, resulted in the focusing of attention by the corporate media to the United States in relationship to the crisis. Several people returning from West Africa have been pulled off airplanes and given special screenings by representatives of the Centers for Disease Control and Prevention (CDC).

None so far who have been examined after exiting planes were determined to have EVD. A U.S. photojournalist, Ashoka Mukpo, has been transported to a hospital in Nebraska where two other patients who had also been in West Africa were successfully treated. The journalist had been working in Nigeria which has had very few cases and only the possibility eight deaths from EVD.

In the Dallas area press reports indicate that over 100 people have been monitored and examined who may have had contact with Patrick Eric Duncan who as of Oct. 6 was reported to be fighting for his life in a critical condition. Children who may have had contact with Duncan have been taken out of school and at least one homeless man is also being monitored by health officials in Texas.

Duncan's health status deteriorated during the first weekend of Oct. Perhaps the delay in admitting him to a hospital may be a factor in his worsening condition.

According to the Reuters press agency "The first person diagnosed with Ebola in the United States was fighting for his life at a Dallas hospital on Sunday and appeared to be receiving none of the experimental medicines for the virus, a top U.S. health official said." Center for Disease Control and Prevention director Dr. Thomas Frieden revealed that doses of the experimental medicine ZMapp were "all gone" and that the drug, which is manufactured by the San Diego-based Mapp Biopharmaceutical, is "not going to be available anytime soon." (Oct. 5)

When Frieden was queried about a second experimental drug, which is produced by the Canadian Tekmira Pharmaceuticals firm, he said the medication "can be quite difficult for

patients to take.” Later Frieden went on to say that the physicians and the patient’s family would make the decisions over whether to use the available drugs, if “they wanted to, they would have access to it.” (Reuters, Oct. 5)

Within the top echelons of the infectious disease diagnosis and treatment hierarchy in the U.S. it has been admitted that there is no specific medical protocol for the screening and treatment of Ebola patients. MZapp, the vaccine that has been tested on at least two U.S. patients evacuated from West Africa, is still not approved for general usage even if it was available for broader distribution.

The African Crisis Continues

Nonetheless, the spread of EVD is continuing in the most affected states of Liberia, Sierra Leone and Guinea. The threat of contracting the disease in the U.S. has been described as almost nil by leading healthcare professionals.

In a report published by nbcnews.com on Oct. 6, it says “Sierra Leone recorded 121 deaths from Ebola and scores of new infections in one of the single deadliest days since the disease appeared in the West African country more than four months ago, government health statistics showed on Sunday (Oct. 5). The figures, which covered the period through Saturday, put the total number of deaths at 678, up from 557 the day before. The daily statistics compiled by Sierra Leone’s Emergency Operations Centre also showed 81 new cases of the hemorrhagic fever.”

The CDC provided statistics on the number of cases and deaths from EVD as of Oct. 3. There numbers say that 7,470 possible cases have occurred while the death toll had reached 3,431.

Even though there has only been one case documented in the U.S. involving someone who had traveled to the affected region and may have assisted a woman exhibiting symptoms prior to returning to Texas, the focus of the disease has shifted to Patrick Eric Duncan in Dallas. The apartment where Duncan stayed prior to being hospitalized was not investigated by health officials until Oct. 4.

Reports said that the residents of the apartment were not being allowed to leave. This level of panic has generated concerns in the African immigrant community in Dallas of a possible racist stigmatization.

African immigrants who live in the Dallas area told Reuters news agency that they are experiencing fewer handshakes and more suspicious stares. One resident said that someone told him to go into quarantine.

Even those Africans who came to the U.S. from regions far away from the epicenter of the EVD outbreak in Sierra Leone, Liberia and Guinea are facing paranoia and fear. “Some immigrants from Somalia wearing traditional clothing that includes headscarves for women, say they have seen fingers pointed their way on the neighborhood streets,” reported Reuters. (Oct. 5)

“People are looking at us in a bad way. We didn’t have anything to do with this. Somalia does not have Ebola. It is on the other side of Africa,” said Shadiya Abdi, 27, an immigrant from Somalia. (Reuters)

Workers World Public Forum Held on Oct. 3

A public meeting on the political aspects of the EVD outbreak in West Africa was held on Oct. 3 sponsored by Workers World Party in New York City. It was important for the organization to place the current crisis within a political and historical context.

Noting that since the disease is at present affecting regions of Africa where there have been significant levels of immigration into the U.S., it was necessary to demonstrate solidarity with these communities in the New York area and around the country. Workers World newspaper has published several articles on the outbreak and the need to view the crisis within the context of the legacy of imperialism in Africa.

The European slave trade and colonialism did not target Africa to foster its development but to seize control of the labor power and resources of the continent. The lack of proper healthcare infrastructures in the impacted states is clearly related to the spread of EVD as well as other preventable and curable diseases such as malaria, polio, measles and meningitis which annually kills far more people than Ebola.

Even a National Geographic article published on Oct. 5 featuring an interview with writer David Quammen by Simon Worral, quoted the author as saying that “The severity of this outbreak in West Africa reflects not only the transmissibility of the disease, but also the sad circumstances of poverty and the chronic lack of medical care, infrastructure, and supplies. That’s really what this is telling us: that we need to try harder to imagine just what it’s like to be poor in Africa. One of the consequences of being poor in Africa, especially in a country like Liberia or Sierra Leone, which have gone through a lot of political turmoil and have weak governance and a shortage of medical resources, is that the current outbreak could turn into an epidemic.”

Therefore in the medium and long-term there must be the advocacy of genuine development in West Africa and throughout the continent. Imperialism being the source of this underdevelopment must be eradicated in order for the people of Africa to claim their rightful place in world affairs.

Note: This writer was a featured speaker at the Workers World forum held in New York City on Oct. 3, 2014. Azikiwe’s presentation at the meeting can be found at the following link <https://www.youtube.com/watch?v=g2XNpb1C2bg>

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