

ABSTRACT

Item (Title): **EBOLA'S LESSONS**

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SUMMARY

In a biological sense, last year's Ebola epidemic, which struck West Africa, spilled over into the U.S. and Europe, and has to date led to more than 27,000 infections and more than 11,000 deaths, was a great surprise. Practically all the non-biological aspects of the crisis, however, were entirely unsurprising, as the epidemic itself and the fumbling response to it played out with deeply frustrating predictability. Humanity's first known encounter with Ebola occurred in 1976, when science lacked today's tools for the rapid identification and genetic analysis of viruses, not to mention meaningful antiviral treatments, biotechnology, sophisticated HAZMAT suits, and mobile phones. Considerable courage, combined with a fair amount of swagger and medical savvy, was the key trait of the few dozen foreigners who swooped in to assist the local disease fighters.

The world's second serious confrontation with Ebola came 19 years later, in 1995, when the disease again broke out in Zaire. When the mysterious disease plaguing the community was finally confirmed as Ebola, the despot had his military cut off access to the highway, leaving the people of Kikwit to suffer on their own. Supplies and funds were scarce, electricity was available only by using generators, and there were no rapid diagnostic tools, medicines, or vaccines available. The Kikwit epidemic ended after around nine months, having killed 250 people. Afterward, the leader of the global response, David Heymann, an American employed by the CDC but temporarily working at the WHO's headquarters in Geneva, returned to Switzerland with a list of frustrations. Some of his concerns mirrored those of Johnson in fighting Ebola 19 years earlier.

By late 2014, little had improved. Although there had been at least 16 more Ebola outbreaks across the Congo basin and Uganda in the interim, the world had not developed any new technical or medical tools for addressing the virus. Treatment was only incrementally more sophisticated than it had been back in 1995, it was still impossible to rapidly diagnose infections, and there was still no vaccine. In 1976, there was not just Ebola's emergence in Yambuku. The U.S. struggled with two strange new outbreaks of its own, of swine flu and Legionnaires' disease. The sexual revolution was spreading across Europe and North America, leading to a rise in STDs such as gonorrhea, herpes, and syphilis. Within five years, U.S. physicians would see new, fatal symptoms among hemophiliacs, gay men, and intravenous drug users – AIDS. For two decades, as the AIDS pandemic unfolded, governments and general populations were more interested in attacking the subpopulations at greatest risk for the disease than in fighting the virus itself. AIDS eventually ranked as the third-largest pandemic in world history (after the Black Death and the 1918 influenza pandemic). During the 1980s, the WHO failed to recognize the importance of HIV and AIDS.

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SUMMARY

Since then, the global response to the rise of new pathogens has continued to be limited, uncoordinated and dysfunctional – from SARS to MERS, H5N1 to H1N1 to H7N9. Poor nations are unable to detect new diseases quickly and bring them under control. Rich nations show only marginal interest in outbreaks until the microbes seem to directly threaten their citizens, then they hysterically overreact. The global health infrastructure has shown itself to be weak, fractured, prone to infighting, and more interested in searching for technological silver bullets than engaging in social mobilization and classic local public health work. Throughout, the WHO has struggled to remain credible, as its financial resources have shrunk, tensions have grown between its Geneva headquarters and its regional offices, and rival multilateral organizations have taken control over much of the global health action and agenda.

In the end, the world must come to grips with the fact that future epidemics are not just likely but also inevitable and prepare to deal with them more effectively. One, because people are moving around more; two, because the contact between humans and the wild is on the increase; and because of climate change.