

Ebola : A Virus in the Heart of Darkness

September 6, 2014



Filoviridae Ebola is a virus made up of ten proteins that was first identified in 1976 in Zaire, today the Democratic Republic of the Congo (DRC). While today five types of the virus are recognized, they are all believed to be mutations of the first known strain, which one finds today in western Africa. (Gire et al., *Science*, August 28, 2014). Sub-Saharan African fruit bats are without doubt the principal source [of the virus]. These flying mammals transmit it to monkeys and other animals, but also directly to human beings. This pathogenic agent provokes recurrent epidemics with a deadly fever, of which the first symptoms are flu-like,

followed by weakness, diarrhea, vomiting, and often hemorrhages, symptoms that can easily be confused with other diseases. It leads to death within ten days in more than half of all cases.

Since the first eruption of Ebola in the DRC some twenty epidemics have affected ten countries, first in the Congo River basin—Ebola is the name of one of its tributaries—then in West Africa, in particular in Guinea, Liberia, Sierra Leone, Nigeria, and most recently in Senegal.[1] Yet certainly the current West African epidemic will take more victims than all of the recent epidemics up until now. From 1976 to 2013, Ebola caused 2,345 deaths, while the World Health Organization (WHO) estimates conservatively that some 20,000 people will fall victim to the current pandemic. Some epidemiologists believe that these figures could be at least five times higher (*Mediapart*, September 2, 2014). Indeed, for the first time it has followed a new path into important urban centers, among them Conakry, Guinea; Monrovia, Liberia; and Freetown, Sierra Leone. Finally, note that it is women who bear the brunt of this virus, because it is mostly women who are caring for the patients.

Ebola and Land-Grabbing

How can we explain the transmission to human beings of this virus which has previously been confined to the wilderness? It stems from the more and more intense exploitation of the African savannah, a vast zone of some 1.5 million square miles from Senegal to South Africa, which the United Nations Food and Agriculture Organization and the World Bank portray as the new agricultural El Dorado of the world.[2] The decline of small-scale peasant agriculture to the benefit of export agribusiness has, as is well known, led to the uprooting of millions of small, poor producers and the concentration of land in great multinational corporations. This “accumulation by dispossession” is booming in the countries that have been touched by the Ebola virus. Such dispossession leads to the clearing of vast areas of land and creates precarious rural communities that hunt game, game that had previously no contact at all with human beings.

Of course, monkeys, small mammals, and the bats have long been part of the traditional food of the peoples of these regions. But their growing need for proteins has led them to consume more and more of this bush meat, which exposes them to new emerging pathogens.[3] Furthermore, disruption of ecosystems resulting from large-scale land clearing in recent years has contributed to increased contact between infected animals and human groups. In particular, the deforestation of 15,500 square miles in sub-Saharan Africa between 2000 and 2010, that is, almost a third of the world’s deforestation, together with global warming have accentuated the aridity and the duration of the dry season, two factors favorable to the outbreak of epidemics, to such a degree that they push the animal carriers of various viruses out of their traditional ecological niches.[4]

In the recent period, the countries touched by the ongoing epidemic have been particularly favored by international investors because of their abundance of “available” cultivable land, the vulnerability of their small peasants dedicated to subsistence agriculture, and favorable political conditions (the promotion of free enterprise and the decline of the state). It is in this way that big Italian (Nuove Iniziative Industriali) and American interests (Farm Land of Guinea) have set their sights on Guinea. One also finds Malaysian investments (Sime Darby) in Liberia, as well as Swiss companies (Addax) and Chinese-Vietnamese ventures in Sierra Leone. They control the production of biofuels which is rapidly expanding.

A small peasant talked about the social consequences of the control of the Malaysian company Sime Darby over thousands of acres of land in Liberia: “Now we have lack of food, no food and no hospital. No school. We are not working... It’s hard to pay the teachers...So they go away.”[5] Land grabbing by foreign private companies has come on the heels of decades of structural adjustment, which has literally destroyed public infrastructure, including education and health, in the poorest sub-Saharan African countries. Today, Ebola will exacerbate this endemic poverty by causing a specific food crisis in the most affected areas as a direct result of quarantine imposed, disrupting farming and trade and provoking the increased prices of staple foods. (*USA Today*, August 28, 2014).

Ransom from Poverty

The first outbreak of the current epidemic seems to have developed, in December 2013, in the villages surrounding the town of Guéckédou, south of Guinea, a city that has seen its population nearly tripled in the decade from 2000 to 2010 following the influx of refugees from civil wars in Sierra Leone and Liberia. Its public infrastructure is of course incompatible with the basic needs of its people, and the authorities are totally discredited. As expected, its medical staff, few and underequipped, does not have the means to cope with the influx of patients and protect themselves from infection, turning its very fragile health institutions into centers of propagation of the epidemic.

Under such conditions, where there is still no test available on site to determine if a person has been infected (this requires sending samples to Europe or North America), the epidemic quickly escaped control. Little by little it touched the surrounding communities, especially Guéckédou, which is the seat of an important regional market, and then moved on to the capitals of Guinea, Liberia and Sierra Leone. It is important to realize that, according to epidemiological investigations, each patient may have had contact with on average 20 to 40 people, whom it would theoretically be necessary to identify and track for 21 days (*Le Monde*, August 5, 2014).

In Europe or North America, it would not be difficult to stop the contagion of a disease that is mainly transmitted through direct contact with body fluids of patients (saliva, sweat, vomit, urine, feces, semen, blood, etc.), although the possibility of infection by inhaling the virus does not seem excluded (*American Thinker*, August 24, 2014). Indeed, unlike AIDS, the Ebola incubation time is short (ten days on average) and those affected are contagious only during the brief period when they have symptoms. So one just needs to have the health infrastructure to support patients safely (use of gowns, gloves and effective masks, clean needles, etc.), keep them from having unprotected contact with their families, and also be able to inform and track people who had contact with them.

However, in countries that have less of a doctor for 50,000 inhabitants, “Aid workers on the ground...don't have access to the basics to protect themselves and their patients. Many of their hospitals are dilapidated, there's limited infection control and almost no capacity for contact tracing.” (*Vox*, August 9, 2014). In total, according to WHO, nearly 8% of victims of Ebola have been doctors and nurses. (*The Spokesman-Review*, August 31, 2014). “In Sierra Leone, in the town of Kenema, eighteen doctors and nurses who had been working in the Lassa/Ebola ward have contracted Ebola, and at least five have died....Some Ebola nurses had stopped coming to work: they

had been working twelve-hour days, in biohazard suits, and they were supposed to be earning an extra thirty dollars a week in hazard pay, but the government of Sierra Leone had not provided it....In Liberia, parts of the medical system have effectively collapsed....The hospitals of Monrovia, the capital, are full of Ebola patients and are turning away new patients ...infected bodies are being left in the streets : the outbreak is beginning to assume a medieval character. » (*The New Yorker*, August 11, 2014)

Popular Mobilization is Indispensable

An effective fight against the epidemic implies more resources, but above all it requires a popular mobilization along with the public health professionals, particularly to prevent the ill from being hidden by their families and to make sure that funeral ceremonies are safe—the dead are particularly contagious—as well as to disinfect the homes of the death, but also and above all to demand a health policy that meets the needs of the endangered populations.

Such conditions are missing in many of these communities that have good reasons to mistrust their authorities. The more so since the latter would rather criminalize families who hide sick relatives in order to take care of them privately, and deploy soldiers to keep people from moving, rather than increasing financing for health and encouraging collective health management (*E-International Relations*, 26 juillet 2014 : *Le Monde*, 1^{er} août 2014).

Moreover, why should the inhabitants of the countries under discussion trust stranger stakeholders who are overwhelmingly white (WHO, MSF, UNICEF, Red Cross, etc.), deployed on the ground dressed in spacesuits, and who snatch their dead and place them in plastic bags? Given the role of international financial institutions in the imposition of structural adjustment programs deadly last thirty years, all the ingredients are present that fuel the conspiracy theories of those who suspect racist and neocolonialist interests have deliberately caused outbreaks of AIDS and Ebola to appropriate again the wealth of Africa?[6]

The spontaneous initiatives of artists, singers and actors and also of bloggers to alert their fellow citizens and encourage them to protect themselves from the illness, as well as the involvement of the survivors in prevention campaigns suggest what might be a first attempt at a preferable method. (NPR, August 19, 2014; ABCNews, August 26, 2014). However, a true grassroots organization of resistance to the epidemic requires the recognition of basic democratic rights and their translation at the organizational level, things incompatible with the preservation of enormous privileges of the local bourgeoisies and their international mentors.

Finally, on the international level, the belated and hesitant reaction of the WHO seems all the more ridiculous. The budget at its disposal to deal with the crises of epidemic outbreaks has been halved over the past two years: from \$469 million in 2012-2013 to \$228 million in 2014-2015. It is a sign of the time that the World Bank has allocated \$200 million for this emergency to make up for the shortcomings of the UN agency (*The Lancet*, September 2014). Similarly, the non-governmental organizations such as Doctors Without Borders (MSF), or religious orders such as San Juan de Dios—the order to which a Spanish priest who recently fell victim to the epidemic belonged—have been at the forefront of intervention on the ground[7]. This is a vivid picture of the privatization of essential tasks, increasingly neglected by governments and international organizations.

The Moral Bankruptcy of Capitalism

Since WHO declared quite late, on August 8, that the West African epidemic had become an international health emergency, the most advanced pharmaceutical start-up companies involved in the development of vaccines or antivirals, such as Tekmira, Sarepta, BioCryst, NanoViricides, Mapp

Bio, ZMapp (a cocktail of three antibodies successfully administered to two exposed U.S. humanitarian aid workers, but that failed on a Spanish priest and a Liberian doctor), saw their rising shares trading wildly. These companies have developed substances, albeit in experimental quantities, which are almost ready for testing on humans (Reuters, August 8, 2014; *Forbes*, August 29, 2014).

According to Prof. Daniel Bausch of the Tulane School of Public Health and Tropical Medicine, the principal obstacle to the production of these effective medication is not scientific or technical but economic: “Pharmaceutical companies have little incentive to pour research and development dollars into curing a disease that surfaces sporadically in low-income, African countries.” (nakedcapitalism.com, August 2014). This is why Dr. John Ashton, president of the British Public Health faculty speaks publicly of the “moral bankruptcy of capitalism.” (*Independent on Sunday*, August 3, 2014).

So far, Ebola has managed to interest the military in the name of preventing bioterrorism. But major pharmaceuticals have had funding denied for essential and very expensive clinical trials. So far the WHO has forbidden the testing of vaccines on human subjects, given the very high fatality rate of the viruses. It is urgent, says the world-renowned Belgian researcher Peter Piot, one of the co-discoverers of the Ebola virus and founding member of the Committee for the Abolition of Third World Debt (CADTM), that, “Once the epidemic is complete, there be more investment efforts in research on treatments and vaccines. Otherwise, when a new outbreak occurs, nothing will have been done. After the 1976 outbreak, the WHO had said that it wanted to put together an international intervention team. But that never took place”. Piot has called for development aid to finance research and to provide free care under the responsibility of the WHO for those suffering from the disease. (*Le Monde*, August 7, 2014).

The tragic ongoing epidemic shows how the unbridled pursuit of private profit is incompatible with public health, especially that of the poor masses of the oppressed countries. The French far-right leader Jean-Marie only pushes the logic of such barbarity to its extremes when he states that “Monseigneur Ebola” has the means to stop the global population explosion in three months. To go beyond the legitimate indignation and really change the course of things, we must indeed break with the current world disorder. First, public health should not be separated from our ecosocialist objectives, because our health depends upon our living environment and our society’s productivism constantly promotes the emergence of new somatic and psychological pathologies, which capitalism then sloughs off on society, whatever the cost. The pharmaceutical industry and research will not meet the needs of humanity, especially of its poorest groups, if it doesn’t give up the practice of limiting the distribution of their products to paying customers instead of addressing the democratically defined social needs of the populations concerned. For that purpose, they should be socialized and funded by the public sector. Couldn’t this begin by transforming the parasitic and pharaonic public debt service paid by the peoples of the South and the North, and using this money to fund health care?

Translation by Dan La Botz

[1] An epidemic with a shorter timespan also broke out in the Democratic Republic of the Congo (DRC) last July, likely linked to another strain of Ebola.

[2] *Awakening Africa's Sleeping Giant - Prospects for Commercial Agriculture in the Guinea Savannah Zone and Beyond*, World Bank, 2009.

[3] These kinds of mechanisms have recently been studied in a global fashion by David Quammen (*Spillover: Animal Infections and the Next Human Pandemic*, W. W. Norton, 2012).

[4] Daniel G. Bausch and Lara Schwarz, "Outbreak of Ebola Virus Disease in Guinea: Where Ecology Meets Economy," *PLoS Negl Trop Dis*, 8(7), July 31, 2014; *Wired*, August 18, 2014; Calestous Juma, "Africa Ebola Outbreak: How to Prevent It?" *Al Jazeera*, August 13, 2014.

[5] *The Globe and Mail*, « Land Grabs in Africa : Liberia" www.youtube.com/watch?v=8R6mLsSIXb4

[6] See in this regard the statement explaining the reasons for the petition launched by the mathematician Pascal Adjamagbo, Dr. Guy Alover and Kanyana Mutombo which calls on the African Union, in association with the Security Council of the UN, to set up a commission of inquiry into the origins of AIDS and Ebola.

(http://www.petitions24.net/petition_a_lunion_africaine_sur_le_sida_et_lEbola_en_afrique).

[7] This religious order is partially funded by revenues of the public bonds of the Spanish State (*La Jornada*, August 17, 2014). That is to say, that the Spanish health or education budget may have to be reduced to support these private organizations.