

## Ebola in a class world

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**Y**es, I mean *class world*, not *world class*! The division between the rich and the poor in our corporate world has for the last several decades again become deeper and more cemented than in a long time. The Ebola epidemic is but one example of that. How come we allowed the disease to develop to the current stage? Why wasn't it stopped long ago? Who was asleep at the wheel, and how soon can medicines be developed for vaccination and cure? What lessons can we draw from the Ebola scandal in other medical, social and economic fields?

The Ebola virus was first discovered and described by Peter Piot and research colleagues at a laboratory in Antwerp, Belgium, in 1976, when he was only 27. It was discovered in blood samples from Zaire, earlier a colony named Belgian Congo; today, its name is the Democratic Republic of Congo (DRC). Peter Piot is now a professor and director of the London School of Hygiene and Tropical Medicine.

Although Ebola was discovered 40 years ago, it is an age-old disease, and in recent decades, outbreaks of Ebola and related diseases have taken place in DRC, the Central African Republic, Congo, and the Sudan.

Fruit bats are believed to be the normal carriers in nature, without being affected by the virus themselves, and it spreads from living or dead animals to humans. The virus resembles such that lead to malaria, cholera, typhoid, meningitis, and other viral hemorrhagic fevers. Ebola spreads from human to human through body fluids, and the virus is most dangerous in infected persons who are ill, or have just passed away.

The symptoms of infection are similar to common colds and flues. The incubation period is about sixteen days. The death rate is in the range of fifty percent to three-quarters of the cases. More than ten thousand people have died from the disease in the last six months, mostly in rural but now also urban areas in Guinea, Sierra Leone, Liberia and other West African countries. Yet, some countries, such as Nigeria and Senegal, are said to be Ebola-free, at least for the time being.

Just half a year ago, the World Health Organization (WHO) and other medical organizations thought the disease could be contained and controlled. Today, there is great worry about Ebola's spread. The WHO has regained its leadership role only since August this year. But there is no vaccine or medicines that can cure the disease, and they will not be available in many months, or longer. Yes, it is a scandal!

Professor Peter Piot said in an interview with the British newspaper 'The Observer' on 4 October 2014 that: "This isn't just an epidemic any more. This is a humanitarian catastrophe." But he added that he has always been an optimist and underlines that we must now do everything to combat the disease. He also says that it is unlikely that the virus will mutate and spread through the air.

Professor Peter Piot has himself spent over thirty years in AIDS research, not in Ebola research. He says that the current Ebola outbreak was a surprise and he fears an unimaginable tragedy, which can destabilize whole countries and regions. But that's sounds a bit like an excuse from an apolitical scientist, who went for AIDS research, where the highly interesting research took place, and where the large funds were channeled. Perhaps Piot must take a major share of the blame for not having understood the real danger of Ebola? He as the main expert on Ebola may not have given the right advice to colleagues, authorities and the pharmaceutical industry. However, many have been sleepwalking, it seems, and then it is said, too, 'Ebola isn't even the big one'; other (related) viruses and pandemics may emerge in the world's poorest countries, especially in Africa.

Kofi Annan, the former secretary general of the United Nations, himself from Ghana, has accused the rich countries in our class world, notably Europe and North America, to take the Ebola outbreak seriously and provide funds and support only after cases occurred in their lands. As long as it was 'only' in Africa, there wasn't outrage, and the alarm wasn't sounded. Polite as Annan is, though, he didn't say that the funds the international community initially coughed up were far from generous. Later, more funds have been allocated. Experts and other personnel from the West are also going to Africa to help, taking risks of being infected, and several have fallen ill and some have passed away.

If Ebola had been discovered in the West, not in Africa, in 1976, we would long ago have had medicines for treatment and probably also vaccines. But since it was 'only' in Africa, with people who have low purchasing power, the pharmaceuticals did not invest in research and development of medicines. They focused on other medicines, including against AIDS, for customers in the West and elsewhere. If the AIDS pandemic had not begun in the 1980s, it is possible that Ebola would have been given more attention.

In our corporate class world, the way the pharmaceuticals have behaved as regards Ebola, is no surprise. But we could have expected more from WHO and other international organizations. At the same time, we all seem to accept the class perspective, not only in the private sector companies, but generally. Many diseases in Africa and other developing countries would have been given much higher priority if we had had better and fairer regulatory systems and political thinking. Again, this is no surprise; the overall international economic system is indeed unfair, with the West staying privileged. The World Trade Organization (WTO) and the World Bank-IMF family are *class world organizations* – but they want us to believe they are *world class organization*, luring us all with a nimbus of mysticism and infallibility around them.

We need interest organizations and movements similar to those in the environmental sector, which have been so successful, and so have many organizations working for gender equality. As regards international health issues, more work and new initiatives are needed. We need organizations that can challenge and have counter-expertise to WHO and the other international organizations. And we need to reconsider the way the large private sector pharmaceuticals operate, and they are outside democratic control of the states and the international community. I also question that most of the pharmaceutical research and development of new medicines need to be as costly as we are told it is. I believe that research institutions in small countries, too, with government and the private sector funding, should engage themselves more in applied medical and pharmaceutical research. The large countries and pharmaceuticals should no longer rule the world.

As regards the spread of Ebola, it seems we can only hope and pray that it will not reach all corners of the world, including Pakistan. Sadly, it is likely that it will. We haven't even found practical ways of dealing with patients and their families. The recommended ways of isolation and hospitalization that is practiced in Africa, are culturally unacceptable to the people. If loved ones are diagnosed with Ebola and isolated in hospital, their relatives fear they will never see them again alive. To have airport checks is also a futile measure.

It is a scandal that the world did not develop medicines against Ebola and modalities for how to handle outbreaks, including great risks for medical personnel, patients and the communities. The WHO's leadership, preparedness and planned procedures should have been in place at the outset of the Ebola outbreak, like we expect when other emergencies and catastrophes occur. If Ebola is not even 'the big one' among communicable diseases, we have a lot to do fast – but for the time being, it is all aboard to fight Ebola.

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The writer is a senior Norwegian social scientist with experience from university, diplomacy and development aid.