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Canada can do more to Fight Ebola

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Canada can do more to fight Ebola

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When Ebola was discovered nearly 40 years ago, it should have been a high priority to develop vaccines against it. But because the disease was confined to poverty-stricken Africa, there was little economic incentive.

Now caregivers and grieving family members stand empty-handed. Last week, Sierra Leone's borders were entirely closed to the outside world. The virus could potentially infect 1.4 million people in Liberia and Sierra Leone by the end of January, according to a statistical forecast by the United States Centers for Disease Control and Prevention.

Once contracted, the virus readily spreads because the profuse bleeding and expulsion of bodily fluids from infected people transmits the infection to ever-larger numbers of people who touch the patients, their clothing or fluids. Adding to the spread of Ebola are rituals that involve the touching and washing of the dead.

Once someone recovers from Ebola, they can no longer spread the virus. However, Ebola virus has been found in semen for up to three months. People who recover from Ebola are advised to abstain from sex or use condoms for that period of time.

Medical workers in protective clothing are seen as possible agents of the disease, while some suspect them as people who would steal away the sick for experiments or evil rituals. The sick are often hidden away and infect people silently. This makes monitoring the spread and incidence of the plague difficult. Not only is there a social stigma associated with contracting the Ebola hemorrhagic fever, but some locals mistakenly believe that the quarantine facilities for those

infected will worsen the conditions of their loved ones and cause them to die.

By Oct. 3, there were already 7,470 reported cases in Guinea, Liberia and Sierra Leone, and 3,431 deaths. According to Dr. Margaret Chan, the director general of the World Health Organization, this is "the largest, most severe and most complex" Ebola outbreak ever seen in its nearly 40-year history. This is a fast-moving outbreak, with a number of unprecedented features, that is delivering one surprise after another."

Dr. Chan calls Ebola "an unforgiving virus that shows no mercy for even the slightest mistake." Over 300 health-care workers have been infected and more than half of them have died. The virus is rapidly spreading in Guinea, Liberia, Nigeria, and Sierra Leone. Since there are generally only one or two doctors available to treat nearly 100,000 people, deaths among health care workers, doctors and nurses will further diminish these countries' capacities to respond.

Trade and tourism in the entire continent of Africa is already adversely affected. Ebola is portrayed as an African disease so all of Africa suffers from stigmatization. According to the Chief of the African Development Bank: "Revenues are down. Foreign exchange levels are down. Markets are not functioning. Airlines and ships are not coming in. Development projects are being cancelled. And business people have pulled out."

There are already few resources to treat other common but deadly illnesses, like cholera, dengue, HIV/AIDS, malaria, polio, and tuberculosis. Obtaining safer delivery of babies in African hospitals is another Harper government priority that will be placed under threat. As West Africa's scarce resources dwindle as they are used to battle Ebola, we can expect lowered rates of immunization for common childhood diseases, like measles, mumps, and whooping cough.

The WHO estimates it will cost nearly \$1 billion US to contain the Ebola outbreak. The Canadian government has already promised the WHO \$35.5 million including \$2.5 million in personal protective equipment including 1.5 million examination

gloves, 2.1 million face shields, 1.25 million isolation gowns, and 500,000 respirators. Like Canada, China is sending a mobile lab to Sierra Leone. Cuba's 165 first-responders will arrive in early October and the US is already building hospitals in Liberia.

But it is estimated that 200 doctors and nurses are needed for a single 70-to 80-bed Ebola treatment centre. As tens of thousands of people sicken and die, rumours and panic will spread faster than the virus. Fear creates social disruption, violent conflict and economic losses. If it spreads to Nigeria, outbreaks in its cities will need to be somehow peacefully contained since it is the world's fourth-largest oil producer, and second-largest supplier of natural gas.

The world cannot let West Africans suffer on such an extraordinary scale. Some relief organizations report that compared to other natural disasters, like tsunamis and earthquakes, it is challenging to motivate individual donors. The Canadian government is taking a whole-of-government approach to this crisis so it probably can afford to triple the donations given by individuals and corporations, as well as provide enhanced security to ensure the aid actually reaches the people it is intended for and not stolen. More security forces will be needed not just to deal with Ebola victims but to stabilize cities, provide medical treatment for non-profit personnel, and ensure safe ways to distribute food.

Canada's contribution

Canada could work with the US to fund research on biological defences in Suffield and possibly Borden, at the American Centers for Disease Control and Prevention, and at the US Army Medical Research Institute of Infectious Diseases. The Department of National Defence has multiple non-combatant groups on stand-by that could deploy for 60 days emergency mobile units, like some 200-person Disaster Assistance Relief Teams with attachments from the Canadian Joint Incident Response Unit. If Ebola were to start hopping borders, we might even contribute C-17s for emergency evacuation flights.

The Obama administration is asking Congress for \$88 million for public health experts and supplies, and to develop potential Ebola medications and vaccines. Canada's overall contribution so far of \$35 million needs to be correspondingly increased.

Most disturbingly, deadly pathogens like Ebola may learn from the coming crisis how to better exploit weaknesses in the world's health infrastructure by becoming airborne or mutating. Since R&D incentives to help the poorest of the poor are nearly non-existent in profit-driven pharmaceutical and chemical industries, the world is ill-prepared.

As the world's population will reach at least 10.5-12 billion before beginning to decline around 2050, we must expect more large-scale epidemics. Fear, ignorance, high rates of infection, secrecy, societal breakdown, and suspicion are all factors that spread disease. Dysfunctional health care systems in many countries will have little resilience against shock waves of pandemics.

The prospect of abandoned towns, decimated families, orphans, and uncollected bodies need not be this year's reality in Africa. Just as Europe and North America learned harsh lessons from World War II about the imperative of uniting together under the banner of Western solidarity through strong institutions, like the EU and NATO, countries around the globe may learn from this crisis about the necessity of banding together against global threats.

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