

Containing Ebola

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Mbalu Fonnle, head nurse in the hemorrhagic fever ward at the government hospital in Kenema, Sierra Leone, and nurse Veronica Karoma describe efforts to contain the Ebola virus. Weeks later, both contracted Ebola, and Fonnle died. Photos by Mike DuBose, [United Methodist News Service](#)

Media reports on the outbreak of the deadly Ebola virus in West Africa have highlighted the dangers of travel to the region, the decision by some airlines to suspend flights, and the debates about the effectiveness and availability of anti-Ebola drugs. The condition of two American missionaries who were infected and transported to Atlanta for treatment received much attention.

Behind these stories lie critical, ongoing issues of basic health care in Guinea, Sierra Leone, Liberia, Nigeria, and neighboring countries. Combating Ebola primarily involves rudimentary public health measures—the use of protective clothing, effective quarantines, the sharing of information, and widespread education.

The Ebola epidemic has exposed the fragility of health-care systems in Africa. For example, when told that frequent washing with soap and water is important in preventing transmission of the virus, one person asked: “How can we wash all the time if we have no clean water to wash with?”

Ebola is one of many diseases menacing West Africa. Poor sanitation, poverty, and lack of education cause people to die every day from typhoid, malaria, cholera, and other preventable and curable diseases. The Ebola epidemic has in some cases

overwhelmed health clinics, leaving them unable to treat other conditions, and elsewhere fear of Ebola has caused many to stay away from doctors altogether, which likely means that deaths from non-Ebola cases will skyrocket. Joanne Liu, head of Doctors Without Borders, calls this development “an emergency unfolding within an emergency.”

The epidemic also reveals that government stability and trustworthiness are key components of health. Years of civil war in Liberia and Sierra Leone not only undermined health-care systems but bred suspicion of the government, making it hard for officials now to convince people that the Ebola virus is real and that clinics can be trusted. In many regions, church groups are playing a large role in disseminating reliable information.

In calling for more international aid, Liu did not ask for exotic drugs or technology but for basic resources and education: “Health promotion campaigns and body collections are stalled for lack of vehicles or fuel,” she reported. “Epidemiologists are unable to work because of a lack of logistical support. And pervasive fears among communities that had never encountered Ebola have provoked riots against health workers.”

Reports on the Ebola outbreak coincided with President Obama’s U.S.-Africa Leaders Summit, designed to encourage trade and investment. Foreign investment in Africa reached a record \$80 billion this year, and the continent’s economic growth has outpaced that of the rest of the world. The Ebola outbreak is a dramatic reminder that economic growth is inseparable from advances in health care, education, and political stability. The need to help African nations contain the Ebola virus is an opportunity to address these structural issues as well.