

November 13, 2014

Ms. Nancy Kass, ScD
Deputy Director for Public Health
Johns Hopkins Berman Institute of Bioethics
Ashland Ave 1809
Room 204
Baltimore, MD 21205

Dear Dr. Kass:

As an African student at the State University of New York at New Paltz, I am very concerned about the problems in Africa, especially the Ebola virus; which has already infected thousands of people in Liberia, Sierra Leone and Guinea. Being from Togo, a country in West Africa, I cannot sit calmly and hear about people dying helplessly on my land. The Ebola virus is rapidly spreading in West Africa and has killed 4,493 people (Belluz 1). When the virus first broke out, international organizations, such as the World Health Organization (WHO), United Nations (UN) and Doctors Without Borders, also known by its French name as *Médecins Sans Frontières*, did not take necessary actions to control the virus. However, the Ebola virus was quickly declared a global public-health emergency after two American doctors, Dr. Kent Brantly and Nancy Writebol, were infected in Liberia. I am writing this letter to express my resentment against admitting Dr. Kent Brantly and Nancy Writebol into the United States for treatment, while 4,493 infected people did not receive any high-tech medical treatment at all (Belluz 1). Dr. Kass, I believe you have the power to help the world leaders to see and correct their mistakes.

The first Ebola outbreak appeared by the Ebola river in 1976 in Zaire (now the Democratic Republic of Congo). The Ebola virus is highly contagious and exceptionally lethal, killing up to 50% - 90% of its victims, usually within a few days after exposure (Cunningham 410). During the time between the first outbreak in 1976 and the current outbreak, the Ebola virus killed 4,922 people (WHO). The current Ebola outbreak occurred in Guinea, in December 2013, when a 2-year-old boy showed Ebola-like symptoms. The World Health Organization (WHO) did not take any action in 2013 (Baker 42). The first time the disease spread outside of Africa was in March, 2014. Shortly afterwards, the WHO declared the Ebola virus was an international threat, but it was too late. The world missed an essential opportunity to contain the spread of the virus in April 2014 (Baker 3).

The rest of the world did not care about the thousands of Africans dying until Dr. Kent Brantly and Nancy Writebol were infected. According to the Article Two of the United Nations Universal Declaration of Human Rights,

Everyone is entitled to all the rights and freedoms set forth in this Declaration, without distinction of any kind, such as race, color, sex, language, religion, political or other opinion, national or social origin, property, birth or other status. Furthermore, no distinction shall be made on the basis of the political, jurisdictional or international status of the country or territory to which a person belongs, whether it be independent, trust, non-self-governing or under any other limitation of sovereignty.

Is it true, then, that we are all equal? If so, why are we fighting the Ebola virus as if its epicenter were the United States or Europe? The Ebola virus is leaving children orphans and is taking loved one away from families. “It has robbed some 4,000 children of one or both parents,” the U.N. child agency, UNICEF, estimates (Elbagir). Their lives are no less significant than the lives of other children and people on other continents.

A few days ago, I was informed about my friend Sekou's father's death from the Ebola virus in Guinea. Sekou and I grew up together in Togo. Hearing about the death of someone I had also called a father made me realize how invasive and poorly monitored the Ebola virus is. Sekou's father was a successful businessman in Guinea, and he traveled frequently around the country. From what my friend told me about his father, while he was returning home from a village in West Guinea, he began to suffer from an unbearable headache and a sore throat. The next day, he developed the symptoms of the Ebola virus. He was taken immediately to the hospital, and in the middle of the hospital chaos, he barely received any care. His family was allowed to visit only on the day of his arrival. Sekou told me that he was sure he would not see his father again. He said that the doctors were walking around without any scrubs, and there were eight patients crowded into the same room. Our conversation lasted for over ten minutes, and then the line cut.

Sekou and his family are in danger of catching the Ebola virus, and there is nothing they can do about it. There is no reliable treatment for the virus; furthermore, not enough effective actions are being taken by the local government and international organizations on the ground to help West Africans get back on their feet. I cannot watch thousands of Africans die. I cannot sit and wait to find out that my friend has become infected by the Ebola virus. Something has to be done. Hear me out and help me spread awareness throughout the world.

African nations face many problems but, sadly, powerful Western countries only become involved in solving them when there is a profit to be made. A common Western perception is that Africans always suffer, die, or kill each other; therefore, Westerners believe that there is nothing special about this epidemic. As soon as white people were infected by the Ebola virus, however, they were sent to the United States to receive the best health care and treatment. What about my friend who faces the risk of dying? Is he not a human being, equal to Dr. Kent Brantly and Nancy Writebol?

Admitting Dr. Kent Brantly and Nancy Writebol into the United States has created panic and resentment in Africa, and now, the United States is seen as evil. In fact, “Some scientists claim that deadly diseases such as Ebola are bio weapons being tested on Africans” (Broderick). In his article, “Ebola, AIDS Manufactured by Western Pharmaceuticals, US DoD?,” Dr. Broderick, a Delaware State University plant pathology professor, argues that Ebola is a genetically modified organism (GMO). He includes various sources to support his other argument that the US government is conducting testing at different sites in Africa. He states, “sites around Africa, and in West Africa, have over the years been set up for testing emerging diseases, especially Ebola,” and he gives examples of some specific places that he believes are centers for such testing. I do not know whether there is enough evidence to totally support his claim; however, along with other Africans, I believe that he might be correct, which is sad.

In a recent article by Aryn Baker, a reporter for *Time Magazine*, the author shows how even the Red Cross has failed to help Africa. Baker describes a scene in a Liberian shantytown. When the Liberian Red Cross workers arrived to pick up the body of a man with symptoms of Ebola who

had died the night before, the local residents gathered around and were complaining to the Red Cross workers. “Where were you two weeks ago when we called when he had a fever?” asked one resident. “I’ve been calling every day for an ambulance,” another resident complained. The Red Cross supervisor, Friday Kiyee, turned to the crowd, and said, “We are the Red Cross body-management team. Our job is to pick up dead bodies. We are not responsible for picking up patients and taking them to the hospital.” Here is a perfect example of the way international health organizations are often condescending to Africans. The purpose of these types of organizations is to help the public, not “to pick up” the dead. It is hard to believe that a Red Cross supervisor would say such a thing but, unfortunately, this is true. If my friend Sekou lived in a small village, the chance for an ambulance to arrive after his father noticed Ebola-like symptoms would have been close to zero. Both global and local organizations must change their tactics, their views, and must take sincere actions. African people need help. They need protection from the Ebola virus and from death. You cannot help them if they are dead.

Dr. Kass, in your article, “Ebola, Ethics, and Public Health: What Next?” you address the question of whether it was ethical to give the Western doctors the experimental ZMapp drug. Your response was, “When a patient’s chances of dying exceed the chances of surviving, when significant symptoms have set in, and when recipients are health care workers whose potential to understand risks is probably high, such a decision seems more reasonable.” With all due respect, I disagree that it matters whether a dying patient is a health worker or not, or whether a patient understands the consequences of taking an experimental drug or not. What matters is that a human being is dying, and everything must be done to save that mother, father, or sister who has also likely lost a brother, sister or child a week ago. The Ebola virus is an international problem. Instead of discriminating in favor of Western doctors and nurses, the United States should be sending more help to West Africa to help prevent the spread of the virus.

Julia Belluz, a health reporter at Vox.com, noted in her recent article that, “the key to stopping Ebola in the U.S. is stopping it in Africa.” The solution to ending the worldwide spread of Ebola virus is only one—ending Ebola where it originated and where it has the greatest impact. The statistics from various sources confirm that there are only 25% of the total needed WHO health experts in the impacted West African countries. Thus, 25% of the total funds requested by the United Nations have not been received (Schaefer). The whole world must mobilize. In this situation, one victim should not be selected over another for treatment. That is unacceptable.

Instead of discriminating, the Centers for Disease Control and Prevention (CDC) must help stop the spread of the virus in West Africa. Ebola virus victims should not be transported elsewhere; even Westerners should be treated in Africa. The spread of the Ebola virus can be stopped by the world health organization taking more serious, effective, and faster actions on the ground in Africa. The money that is donated from various organizations to contain the Ebola virus has to go straight to where the virus is killing people. More equipment, medication, and health care personnel are needed in African hospitals. Furthermore, stronger regulations have to be made in terms of who leaves and enters those infected countries, and how the people are checked. More support must be provided.

I strongly stand by my argument. And if there is a treatment for the Ebola virus, the vaccine must be given to everybody. Obviously, there must be an effective treatment if the U.S. citizens who were infected survived. I want to emphasize it again: no one citizen must be selected over

another to live. I hope voices like mine will reach the world health organizations and will make them understand the importance of unity on our planet. I hope my story inspires them to contain the Ebola virus and to save thousands more Africans who are affected by, and who are in danger of contracting the Ebola virus.

Sincerely,

Fousseni Baba

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