**What’s missing in the Ebola fight in West Africa**

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By Jim Yong Kim and Paul Farmer August 31

*Jim Yong Kim is president of the World Bank. Paul Farmer is the Kolokotrones University professor at Harvard University. Farmer and Kim, who are infectious disease physicians, co-founded the nonprofit organization Partners in Health.*

If the Ebola epidemic devastating the countries of [Guinea, Liberia and Sierra Leone](http://www.cdc.gov/vhf/ebola/resources/distribution-map-guinea-outbreak.html) had instead struck Washington, New York or Boston, there is no doubt that the health systems in place could contain and then eliminate the disease.

Hospitals would isolate suspected cases. Health workers would be outfitted with proper protective clothing and equipment. Doctors and nurses would administer effective supportive care, including comprehensive management of dehydration, impaired kidney and liver function, bleeding disorders and electrolyte disturbance. Labs would dispose of hazardous materials properly. And a public health command center would both direct the response and communicate clearly to the public about the outbreak.

Ebola is spread by direct physical contact with infected bodily fluids, making it less transmissible than an airborne disease such as tuberculosis. A functioning health system can stop Ebola transmission and, we believe, save the lives of a majority of those who are afflicted.

So why isn’t this happening [in West Africa](http://www.cdc.gov/vhf/ebola/outbreaks/guinea/), where [more than 1,500](http://www.cnn.com/2014/08/28/world/africa/ebola-outbreak/) people have already died?

As international groups pull staff from the three countries, [airlines](http://www.dailymail.co.uk/travel/travel_news/article-2735698/Citing-Ebola-Air-France-suspends-flights.html) suspend commercial flights and neighboring countries close their borders, some have argued that it will be next to impossible to contain the outbreak — that public health systems are too weak, the cost of providing effective care too high and health workers too scarce.

But Ebola has been stopped in every other outbreak to date, and it can be stopped in West Africa, too. The crisis we are watching unfold derives less from the virus itself and more from deadly and misinformed biases that have led to a disastrously inadequate response to the outbreak.

These biases, tragically, live on, despite evidence that disproves them again and again.

Just 15 years ago, Western experts said confidently that there was little that rich countries could do to stop the global AIDS crisis, which was killing millions of people in Africa and elsewhere.

Today, thanks to leadership and advocacy from President George W. Bush, a bipartisan coalition of members in Congress, courageous faith-based organizations and U.S. government researchers such as [Tony Fauci and Mark Dybul](http://sciencespeaksblog.org/2011/05/17/anthony-fauci-reflects-on-30-years-of-aids/), [more than 10 million Africans](http://www.unaids.org/en/dataanalysis/datatools/aidsinfo/) are getting life-saving treatment.

The take-no-action argument has been used over the years as an excuse not to mount an effort to control drug-resistant tuberculosis, malaria and many other diseases that afflict primarily the poor.

But the reality is this: The Ebola crisis today is a reflection of long-standing and growing inequalities of access to basic health care. Guinea, Liberia and Sierra Leone do not have the [staff, stuff and systems](http://www.democracynow.org/2014/8/22/dr_paul_farmer_on_african_ebola) required to halt the outbreak on their own. According to its ministry of health, before the outbreak Liberia had just 50 doctors working in public health facilities serving a population of 4.3 million.

To halt this epidemic, we need an [emergency response](http://apps.who.int/iris/bitstream/10665/131596/1/EbolaResponseRoadmap.pdf?ua=1&ua=1) that is equal to the challenge. We need international organizations and wealthy countries that possess the required resources and knowledge to step forward and partner with West African governments to mount a serious, coordinated response as laid out in the World Health Organization’s [Ebola response roadmap](http://www.who.int/csr/resources/publications/ebola/response-roadmap/en/).



Many are dying needlessly. Historically, in the absence of effective care, common acute infections have been characterized by high mortality rates. What’s happening with Ebola in Africa has been no different.

A 1967 outbreak in Germany and Yugoslavia of [Marburg hemorrhagic fever](http://www.who.int/csr/disease/marburg/factsheet/en/) — a disease similar to Ebola — had a [23 percent fatality rate](http://www.huffingtonpost.com/adam-c-levine/stop-worrying-about-ebola_b_5667018.html). [Compare that with an 86 percent rate](http://www.who.int/mediacentre/factsheets/fs_marburg/en/) for cases across sub-Saharan Africa in the years since. The difference is that Germany and Yugoslavia had functioning health systems and the resources to treat patients effectively. The West African countries coping with Ebola today have neither.

With a strong public health response led by the United Nations, the World Health Organization, the United States, Britain, France and other wealthy nations, the virus could be contained and the fatality rate — which, based on the most conservative estimates, [exceeds 50 percent in the present outbreak](http://www.reuters.com/article/2014/08/05/us-health-ebola-mortality-idUSKBN0G526M20140805) — would drop dramatically, perhaps to below 20 percent.

We are at a dangerous moment in these three West African countries, all fragile states that have had strong economic growth in recent years after decades of wars and poor governance. It would be scandalous to let this crisis escalate further when we have the knowledge, tools and resources to stop it. Tens of thousands of lives, the future of the region and hard-won economic and health gains for millions hang in the balance.

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mayapan1942

9/2/2014 2:20 PM GMT+0900

At present rate of death, by June 2015, death toll will be over a million - unless massive action and money are used to stop infections.

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9/2/2014 10:45 AM GMT+0900

I think the esteemed writers write like the doctors they are. There is no limit on the money they want to spend on getting the mortality rate from 50% to 20%. But this cannot be the priority now. The first, second and third priorities are to stop new infections. This will stop the epidemic. Those who are not infected have a survival rate of 100%. This will mean less moneyfor medical treatments by infectious disease doctors.

Medical treatment of every Ebola patient to bring down the fatality rate to 20% is very expensive . For the money spent treating 1 Ebola patient , 25 malaria patients can be saved from premature death. That is a far more cost effective way to save lives.

Reducing death rate from Ebola is only a sensible goal if Dr Farmer and World Bank have given up on containment of epidemic as fast as possible and attainment of no new infections. The thrust of this opinion piece is puzzling and troubling.

Maximum effort is needed to stop new infections. As soon as possible with maximum available resources. Even if this costs two billion dollars now. This is the cheapest way to prevent deaths. Medical treatments for those infected should be provided but not at the expense of stopping the epidemic. Treatment is complement to the main diseases control program through isolation, guarantine, contact tracing, infection prevention in burials and health centers.

Enhanced expensive medical services from infectious diseases specialists are a costly diversion from the main task. This medical bias toward treatment of infected patients already resulted in these 4 poor countries having no stuff and staff to prevent disease (not just cure it) and to stop the Ebola outbreak early on. Why were the countries not prepared to stop the outbreak early? Certainly not because of a lack of doctors...

When 2 infect 4 who infect 8 who infect 16...32...64 .... No costly treatment to boost survivor rate can make up for the relentless spread of contagion.

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MTgrassland

9/2/2014 6:58 AM GMT+0900

I'm sure it will stop, when we're all dead.

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tidelandermdva

9/2/2014 6:37 AM GMT+0900

Treating Ebola in Africa is a death sentence. Rather than increasing aid, NGOs are pulling out. 5 of the coauthors of a study on treating Ebola have died.

The population sees that people who go to hospitals die, that people around medical personnel die, and conclude that it is the hospitals and doctors who are killing people and giving them Ebola. Therefore, they avoid such a death sentence.

Religious requirements that the families wash bodies spreads Ebola. The tradition that in Africa that families provide care for the sick spreads Ebola.

There are bigger hurdles than infrastructure to curing Ebola. When increasing numbers of upper income, educated Americans are not vaccinating their children, what can we expect from people whose most sacred family and religious traditions lead to the spread of Ebola, and whose centuries long experience of exploitation by the Europe and America lead them to distrust us?

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b383sc

9/2/2014 4:56 AM GMT+0900

The authors are correct that Ebola can be stopped, however, treating those already infected is not quite as easy as they make it sound. Consider how many resources were used to retrieve the two Americans and then provide them with care in isolation. It is not practical to provide that level of care to thousands on an ongoing basis. If the countries with the outbreaks would establish effective quarantines then this epidemic would be over within 30-40 days. As long as those exposed who are likely to evolve into full blown cases continue to flee and contact others, the epidemic will spread. There is also much distrust of the healthcare systems. There is an unsettling overconfidence of how easy Ebola is to treat. Containment and quarantine are the most effective methods of stopping this outbreak.

4

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tyrannosaurus

9/2/2014 4:49 AM GMT+0900

There are roughly 6 billion human beings on planet earth at the moment.

So far the Ebola virus has killed 1,500.

My first question gets to proportionality. This leads to the objection that this number will grow dramatically through inaction, but that leads to a more fundamental question:

Why do we place such a premium on keeping as many people alive as possible?

It's easy to become emotional at the suggestion that human beings dying is not automatically a bad thing. In this case it's also likely to arrive accompanied by charges of racism, but is it really so easy to conclude that we need more people without any attempt to say why?

1

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mayapan1942

9/2/2014 2:18 PM GMT+0900

TY... you first, okay. With that name, are you trying to tell us something - 65 million years too late?

Oh, BTW, there are roughly 7 billion humans on the planet now.

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ktbrooke

9/3/2014 1:14 PM GMT+0900

Every life is worth saving. Why is it only in crises like these, where the world's poorest people are the victims, does the question of "is it worth it" arise? It is not a matter of "more people" but a matter of basic human rights for the people that have been born into circumstances over which they have no control. The right to health; the right to care that we know works and can (fairly easily) save lives. THAT is "why"

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Couer de Lion

9/2/2014 3:22 AM GMT+0900

Such an important article by Kim and Farmer - a call for international help. What has happened to the human soul? We have a paucity of comments by Washington Post readers. And hardly anyone is demanding that the United States help.

Lethal epidemics are just one vector of the global threats to mankind. We must either unite as one or we will die fighting each other as the planetary ecosystems collapse. Pull together, work together. Put the resources where we, as a global civilization, need them.

Invent a global currency to send the supplies if we can't take it out of our end-stage crony capitalism sequestration of wealth to stop a deadly epidemic.

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SwellBob

9/2/2014 3:44 AM GMT+0900

I don't think that a paucity of internet comments is really at the heart of the problem, nor of any eventual solutions.

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Willpower

9/2/2014 3:02 AM GMT+0900

DHS confirms 300 illegal Somalis crossed border last month. Straighten up your Own House, America.

1

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SwellBob

9/2/2014 4:23 AM GMT+0900

I think it's cool that you're so excited about the Somalis. You've gotten a lot of mileage out of them over the past week or so. Is it Somalians in particular that rev your motor, or is it just something about the Horn of Africa that makes you, umm, amorous? Does Djibouti make you shake yours? Are Eritrea and Ethiopia equally energizing? Or would any country beginning with "S" get the job done?

Far be it from me to dismiss your concerns, or question your fetishes, but I'm unaware of any recent reports of large-scale Somali incursions through the southern border. For years occasional Somali border crossers have been picked up, and the DHS issued an alert at least as far back as 2010, because of the smuggling of Somalis into the country by folks tied to unsavory groups.

Are you sure you're not confusing recent events with the case of Anthony Tracy, who made arrangements for hundreds of Somalis several years ago? I'm not always a fan of Breitbart, but they do some worthwhile reporting. Here's a recent piece about the general issue that might help make your comments on the topic a bit more reality-based.

[http://www.breitbart.com/Breitbart-Texas/2014/08/0...](http://www.breitbart.com/Breitbart-Texas/2014/08/03/Leaked-CBP-Report-Shows-Entire-World-Exploiting-Open-US-Border%22%20%5Ct%20%22_blank)

And a reminder of the Tracy case from 2010:

[http://www.nytimes.com/2010/06/06/us/06smuggle.htm...](http://www.nytimes.com/2010/06/06/us/06smuggle.html%22%20%5Ct%20%22_blank)

1

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Willpower

9/2/2014 2:57 AM GMT+0900 [Edited]

Eating bush meat. Sex with an infant to cure aids. Superstition. Absolute corruption. Refusal to use birth control. Radical Islams take over of the continent. There is No chance in HELL of STOPPING DISEASE in Africa. We should make sure it does not get HERE FIRST. PERIOD. When we can accomplish THAT, then we can deal with the lost continent.

Without a safe secure America there is no helping others.

1

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tidelandermdva

9/2/2014 6:21 AM GMT+0900

Much of Africa is Christian and the most powerful forces against countermeasures to prevent the spread of AIDS are US and the Roman Catholic Church.

2

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Perry Neheum

9/2/2014 2:30 AM GMT+0900 [Edited]

We couldn't help but sense this piece is but another in a growing pack of distorted and false historical messages designed to raise war criminal George W. Bush from the cesspool of failed world leaders.

First, check the author's statement, " ... more than 10 million Africans are getting life-saving treatment for AIDS."

How, we ask, are so many people getting treatment -- for any major health issue -- in a continent where the writers say there is a lack of "functioning health systems"? Ten million? C'mon!

Then, let's review the Bush heroics via the so-called President's Emergency Plan for AIDS Relief (PEPFAR). The program comes with unrealistic constraints and caveats that in themselves are self-defeating.

The assertion that 10 million AIDS victims are getting treatment " ... thanks to leadership and advocacy from President George W. Bush, a bipartisan coalition of members in Congress, [and] courageous faith-based organizations" doesn't withstand even casual scrutiny.

As PEPFAR was launched, Bush himself is said to have stated that U.S. support for HIV and AIDS prevention would not include sex education if it advocated the use of birth control methods, especially condoms. So "the Bush way" essentially advocated abstinence as the sole way to prevent AIDS. Lots of luck with that in regions where sex with multiple partners has been a way of life for ages.

We doubt that PEPFARS, on the surface a noble but vastly conservative health initiative, would stand the Roe v. Wade sniff test.

Keep trying, all you Bushies. Maybe Ebola can be prevented via abstinence. Or some other religious freaky doctrine or methodology.

2

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1cb

9/2/2014 3:21 AM GMT+0900

Sir,
I'm an HIV doc. I saw your post and I made an account just to reply to you, on the off chance that you're not just trolling.

Look up who Paul Farmer is. Read his Wikipedia entry. Maybe read his excellent book, "Mountains Beyond Mountains." He's no "Bushie."

Yes, PEPFAR could be better. The abstinence-only thing was irritating. However that's a hell of a baby to throw out with the bathwater. It's been a fantastic success, overall.

In my view, the Bush presidency did manage to produce two good things: the Do Not Call list, and PEPFAR. Even a blind squirrel, as the saying goes.

Please don't assassinate Dr. Farmer's character. Maybe try reading this as an article about Ebola. Not everything is Republican vs Democrat politics.

3

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tidelandermdva

9/2/2014 6:27 AM GMT+0900

From Washington Post Column 8/31 still on line
"Sex education is a global dividing line between liberals and conservatives"
by Jonathan Zimmerman
"a burgeoning network of international organizations bound conservatives together. Born a year after Cairo, the World Congress of Families united Christians, Muslims, Hindus and Jews who opposed abortion, same-sex marriage and sex education. It received a letter of praise in 2004 from President George W. Bush, who had declared that one-third of U.S. foreign assistance for HIV/AIDS prevention would be devoted to abstinence-only education. "

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commonsense2014

9/2/2014 3:27 AM GMT+0900

Hateful little man

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chowlett1

9/2/2014 1:39 AM GMT+0900

There are two different works in progress against ebola. One is a serum for people who have contracted the disease; this was given by governmental request to three doctors who had contracted it. It has never been tried in humans and may or may not work, and may or may not have bad side effects. Trying it on a population which could not possibly give informed consent would be both immoral and stupid. The doctors at least knew what they were getting into and the possibilities for bad outcomes. The second work in progress is a \*vaccine\*. Vaccines are to PREVENT illness, not to cure it - just like your measles and chickenpox vaccines. It also has not been tried in human tests yet though the primate trials look positive.

1

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Writerinres

9/2/2014 12:02 AM GMT+0900

The twin problems of dictator kleptocracies in Africa plus tribal superstitions and ignorance among populations are hard nuts to crack. Ebola outbreaks in the past arose in rural areas off the beaten track. That's why they were stopped. Why didn't the West donate gloves, hydration fluids, protective equipment to the outbreak countries? Or did they and they found their way on the black market?

4

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Up by the Big Lake

9/2/2014 2:27 AM GMT+0900

Reminds me of a joke: Two foreign students, one from Africa, one from Asia go to school in the US and become friends. Both go home after graduation. 20 years later, the Asian invites his African college buddy to visit. The African is impressed as his Asian friend has 3 cars, a maid, large house and fine suits. The African asks how his Asian friend did it. The Asian takes him to a window where they look out on new hospitals, clinics, shopping centers, roads and other buildings under construction. The Asian taps himself on his chest and smiles, "10%". A year later the African invites his Asian to visit. When the Asian arrives he sees his African friend has a palatial home, stables, courts, many cars, servants everywhere and clothes from Paris, London and New York. The Asian asks how. The African takes him to the window where when the Asian looks out he sees nothing but squalor. The African taps himself on the chest and says, "100%"

1

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carter03

9/1/2014 11:08 PM GMT+0900

What the author states is true, but the first thing that needs to happen is that the people of West Africa have to be educated on the causes and the prevention of this deadly virus.

If they are not educated on the causes and the prevention of the Ebola virus then what good is spending billions of dollars on a health care system.

Education is also the key!

4

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mossgr

9/1/2014 10:28 PM GMT+0900

Tiny Sparks ... Big Fires

From tiny sparks, big fires grow. Allowing the native-governments in sub-Saharan Africa to supervise management of Ebola is akin to allowing children to supervise management of a fire that they started in dry woods.

Ebola is one of several hemorrhagic, viral diseases out of sub-Saharan Africa. It is highly virulent and carries a high mortality ... even with supportive, medical care. (Notice the term, medical care, not so-called healthcare. This threat is too serious to entertain governmental euphemisms.)

Consider hundreds of thousands infected with Ebola in a crowded, urban center. Where and how will they receive supportive, medical care ... from whom? Once introduced into London, New York, or Tokyo, will not the crisis have become out of control?

Another concern is the fact that Ebola is caused by a retrovirus, as is H.I.V., also out of sub-Saharan Africa. Retroviruses can mutate rapidly, outpacing any vaccine ... think influenza.

Hopefully, whatever authorities are battling the disease currently will be successful; however, given its record, even then, Ebola likely will return ... possibly even more virulent. Are we in the self-loathing West going to leave our survival to the superstitious natives of hot, dark Africa and their corrupt, incompetent governments as a consequence of our not wanting to offend their unjustified sense of dignity or that of our own domestic minorities (www.nationonfire.com)? Probably.

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chowlett1

9/2/2014 1:30 AM GMT+0900

Ebola is a virus in the family of filoviridae. It is not a retrovirus and not related to AIDS. All viruses are quick to mutate. The influenza virus isn't a retrovirus either.

4

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1cb

9/2/2014 3:23 AM GMT+0900

Kindly do not attempt to cloud the issue with facts.

1

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Justsayin12

9/1/2014 10:22 PM GMT+0900 [Edited]

What the author said is true up to a point. The ignorance in the afflicted countries is overwhelming. the disease could have had much better containment if the locals were not convinced that it is a lie and that the health care workers are killing their relatives. The locals have actively spread this disease because of their superstitions and ignorance. Also the government would have to force the local people to forgo their normal burial rituals to stop the disease spreading. It requires a complete change in their culture and traditions. That is hard to do. I think a lot more people will have to die and huge effort will have to be made to educate the population before it happens.

3

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