

# We All Must Respond to Ebola

## A statement by the US-Africa Network

September 19, 2014

More than 2,400 people have been killed in the largest Ebola outbreak in history. It is spreading fast and threatening the lives of thousands more, including the medical staff and community health workers who are on the front lines. The call for scaled-up international action is growing louder. The U.S. and other governments are stepping up their response, and prominent philanthropists have announced large contributions. But the virus is still outpacing the response.

The US-Africa Network, whose mission is to facilitate communication and solidarity among people and groups in the United States, on the African continent, and in the African diaspora, is calling for an urgent response from all who care about Africa and global health.

There are several ways to take action now.

### **Donate to organizations that have a track record on the ground in Liberia, Sierra Leone, and Guinea.**

It is important to verify that the organization has the capacity to reach targeted populations and is responsive to the reality on the ground. The following suggestions are not complete, but include organizations personally known to members of the US-Africa Network:

- Doctors without Borders has been the lead agency on the ground in all three most affected countries most affected. It has a strong track record on Ebola and is currently working with local communities and ministries of health.
- The Liberian-American HEARTT Foundation “Give a Glove” campaign is recommended by AllAfrica.com, and has ongoing ties to medical workers on the ground in Liberia.
- Of the large humanitarian organizations involved, we can particularly recommend ActionAid and Catholic Relief Services from personal knowledge. Operation USA, based in Los Angeles, specializes in delivering supplies. A longer list of U.S.-based organizations is available at USAID’s Center for International Disaster Information.

If you are a trained medical worker and want to volunteer, you can contact Doctors without Borders or fill in a form available to various agencies and organizations.

### **Speak out against panic, prejudice, and stigmatization.**

Despite the deadly nature and rapid growth of the disease, exaggerating the danger outside the immediate area is counterproductive. The African Union has called for countries and airlines to reverse hasty measures that have been taken to stop flights or other contact with the affected countries. What can be done to stop the international spread is well known and safety procedures can be put in place. Other countries in West Africa, such as Senegal and Nigeria, have so far succeeded in keeping the spread into their countries to a minimum. Health experts agree that protection for countries not yet affected should be by effective screening of air travel, not by cutting off ties to the affected countries.

Internationally, identifying Ebola with “Africa” generically is factually wrong and reinforces traditional damaging stereotypes of disease, poverty, and conflict. Conversations about Ebola must combat these stereotypes, explaining the size and diversity of Africa and the errors of accepting any simple narrative. And despite the terrible crisis affecting Liberia, Sierra Leone, and Guinea, it is essential to recognize and to highlight the courageous initiatives against the disease being taken by local health workers, community leaders, and common citizens.

**Put the crisis in context of strengthening local public health systems and their partners.**

While there is no cure for Ebola, outbreaks can be stopped and survival rates increased, if standard public health services are in place. According to Adam Levine, Assistant Professor of Emergency Medicine, Brown Medical School, “The best way to help Africa stem the tide of the current Ebola epidemic is by rapidly investing in and deploying basic infectious control measures like gowns, gloves, water, and sterilization tools, coupled with health worker and community health trainings in how to properly use them.”

The lack of such capacity in Guinea, Liberia, and Sierra Leone is a direct result of more than a decade of war in both Liberia and Sierra Leone, from which the two countries have not yet fully recovered. It also results from decades of international imposition of budget-cutting (“structural adjustment”) and debt repayments, starving health systems across the continent. The global failure to respond to date is also due to massive budget cuts imposed on the World Health Organization in recent years, as well as to U.S. arrears in paying dues to the United Nations.

The world will remain highly vulnerable to this and similar outbreaks unless all countries prioritize the universal right to health, including the international obligation of rich countries to pay their fair share in ensuring that basic health capacity is available everywhere. The failure to do so is a violation of human rights and our common humanity.

**Demand that all international involvement be coordinated in conjunction with local communities, agencies, and national governments in affected countries.**

Local ministries of health must remain the key partners in coordination, working closely with Doctors without Borders, the United Nations, and other stakeholders. In the current circumstances, local agencies and governments agree that massive new international involvement is needed, including military assets for logistics. But all such initiatives must feature coordination and response to local priorities or risk eroding trust which is fundamental to countering the epidemic. Military involvement in quarantines has already had negative effects in Liberia, and involvement of foreign troops in such efforts would be an even larger mistake.

In particular, insist that involvement of the U.S. military not be extended beyond coordination of its own logistical resources to usurping the lead role in broader strategies of response to the epidemic. This risks going beyond the role of support to marginalizing the essential civilian medical response which must remain primary. It is also essential that all efforts to aid the survival of medical personnel, who are essential to the fight against the disease, give attention to local as well as international personnel, including evacuation in cases for which that is indicated.

***Remember that Ebola can be stopped with actions by local communities and health workers, using standard public health procedures that are well known. What is urgently needed is well-directed and massively scaled up support, including basic supplies such as gloves and disinfectant, as well as basic medical facilities with trained medical workers.***

\*\*\*\*\*