**Western Panic in a Time of Ebola**

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1. **Introduction**

As Craig Spencer, an American doctor found to have Ebola upon his return to the United States from Guinea, was declared Ebola free, much of the hysteria in the West concerning the potential spread of Ebola has floundered. As potential contacts are monitored in places such as the United States and Spain, the sickness is very suddenly falling off the political radar. But West Africa still faces a multitude of challenges and infections, and the West must take this opportunity to be better prepared for future outbreaks. Following Bellevue Hospital Center's statement confirmation that Spencer was free of the virus, we can now look back upon the events of the past weeks and both analyse and adapt our response to any future threats.

During Spencer's time spent in New York while asymptomatic, he had “visited a popular restaurant and coffee shop, rode multiple subway lines and went to a bowling alley and a bar in Brooklyn.”[[1]](#footnote-1) Upon learning of his illness and his actions taken prior to being quarantined, a multitude of legislators, the media, and the general public began to worry greatly about further outbreaks. Even in the midst of city officials giving assurances that “disease detectives” were monitoring those who potentially came into contact with Spencer, people became increasingly paranoid that the measures being taken were inadequate, and that the disease could potentially spread with catastrophic results.[[2]](#footnote-2) Looking back, however, it has become evident that Ebola is in many ways a virus that largely threatens nations in which the government is either ill-equipped or not equipped at all for handling such events. Developed states have proved largely able to manage and contain the spread of the disease, but are vulnerable to aid workers and other travellers bringing Ebola home with them. Continual treatment of those who are infected in our own nations is insufficient to completely protect ourselves, and aid must be given to those states most deeply affected. This is necessary not only save thousands of lives in places such as Liberia, Guinea, and Sierra Leone, but to stop any further spread of Ebola. The tide seems to be turning in West Africa as reported cases of Ebola are decreasing, but a concerted effort must be continued to eliminate the threat.

1. **An Epidemic for the Developing World**

The eleventh instalment of a World Health Organization (WHO) situation report on the Ebola virus disease (EVD) highlights the lack of preparedness and funding for coping with the effects and spread of EVD. Whereas nations such as the United States have the resources to conduct extensive measures in regards to contact monitoring and tracing, nations such as Liberia, Guinea, and Sierra Leone have been left scrambling to deal with a situation that they are completely unprepared for. To date, there have been more than 4,000 confirmed deaths from Ebola in these three nations. External groups are conducting contact tracing, managing care centres, and burying the bodies of those who died of EVD, but funding is still below the required levels to meet the amounts thought to be required by the WHO.[[3]](#footnote-3) To adequately address the needs of these nations, approximately $260 million have been called for in further funding.

On a more positive note, the battle against the spread of Ebola in West Africa has been on a path of marginal improvement. While Sierra Leone is still experiencing a rise in weekly occurrences, Guinea has stabilized and Liberia has begun to witness a decline. Under reporting of cases within these nations serves as a point of contention concerning these statistics, but the general trends appear to be valid.[[4]](#footnote-4)

Meanwhile, the establishment of the UN Mission for Ebola Emergency Response (UNMEER) has proved an effective measure in stemming the spread. Through the provision of “treatment and essential services” the group has begun to combat the disease in nations with widespread and intense transmission, including Liberia, Guinea, and Sierra Leone.[[5]](#footnote-5) As the capacity for isolation of those infected and proper burial for those killed increases, the rates of transmission should continue to decline. While there is ample reason for optimism, however, the threat that Ebola poses is still very real, and measures must continuously be taken to combat it. The threat against the West African nations most severely affected, as well as the international community, must be contained and eventually eliminated.

1. **The Folly of the West: how we can do better**

In the wake of infections in the United States, New Jersey Governor Chris Christie and New York Governor Andrew Cuomo issued a quarantine edict for medical volunteers returning from West Africa.[[6]](#footnote-6) All of this happened in direct opposition to the advice of both the White House and Centre for Disease Control (CDC), highlighting the ignorance and fear under which many operated while dealing with the threat of Ebola. Claims that the CDC was lying to the American people and calls for travel bans to West Africa pervaded the American media, and therefore much of the population and legislators.[[7]](#footnote-7) It is imperative that policy makers understand the basic principles that need to be applied in a situation such as this, and heed the advice of the organizations which deal specifically with this field of work. Legislating to calm the fear of the general public not only hindered the response recommended by the CDC, but harmed the ability of foreign aid workers to treat EVD in the place in which it was first incubated, and where the infections in the West originated.

Aid workers in the United States, in the wake of the quarantine, were discouraged heavily from traveling to West Africa to provide services. Furthermore, medical evacuation guarantees provided by insurance companies were pulled from plans through the right of force majeure, further discouraging any foreigners from traveling to aid West African nations in stemming the spread of Ebola.[[8]](#footnote-8) Nevertheless, we have made progress concerning Ebola, and aid organizations have, governmental interference aside, taken great strides towards stopping the outbreak. While the ability of organisations to cope with EVD in West Africa has increased, we are still far from the recommended levels of treatment facilities, burial teams, and isolation units. Every doctor, nurse, and aid worker that is discouraged from traveling into the crisis zone not only condemns more to die in these nations, but increases the risk of the disease spreading beyond the borders of Liberia, Guinea, and Sierra Leone. The developing world is already facing horrific challenges from the virus, and the developed world must not hinder free movement of people who seek to aid those who need it the most.

1. **Conclusion**

It was almost inevitable that nations which see as much travel as the United States and many European nations would experience some cases of Ebola, but attempting to shut the borders is not the correct response. The CDC has stated that banning travel to West Africa, and thus disallowing aid workers from reaching those nations affected, would increase the risk to the global population.[[9]](#footnote-9) To completely stamp out the threat to people within Liberia, Sierra Leone, and Guinea, as well as outside, Ebola must be stopped at its epicentre. As long as the disease continues to ravage these nations, people will continue to periodically travel outside of the borders and spread the disease. Nations which possess the means to aid in the fight against Ebola must allow their citizenry to travel freely to nations that are afflicted, and deliver aid to the fight themselves. This will not only save the lives of many West Africans, but also be the most effective means of stopping the spread of Ebola to our own nations.

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Cite this article as:

Sharpe, J. (2014). ‘Western Panic in a Time of Ebola’, *Human Security Centre Policy Brief*, Issue 11, No. 2. Date Nost November 2014.

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