

Vilma Vega, M.D.: Ebola fears hinder controls

By **VILMA VEGA, M.D., Guest Columnist**

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In the midst of the worst-ever Ebola outbreak, legitimate public policy questions are being asked.

Is the U.S. government doing the right thing by deploying 3,000 troops to train health workers combating the disease? Should West African countries close their borders, forbidding anyone inside who has Ebola from leaving their country to seek treatment?

Should the United States welcome home and treat Americans -- missionaries and other health workers -- who contracted the infection while risking their lives to help control the disease overseas?

Fear is the offspring of ignorance. A lack of health care education had deadly consequences in southeastern Guinea in September, when eight people traveling to raise awareness about the spread of Ebola were killed by residents who misunderstood their motives.

Western countries also need to be educated about Ebola, to prevent important decisions from being made based on faulty information. Some say West African borders should be closed to prevent anyone -- citizens of those countries, as well as American missionaries and health care workers who have Ebola -- from coming to the West to seek treatment.

"We are once again asking the administration to reestablish a viewpoint of stopping these flights to the United States," Rep. Pete Sessions, R-Texas, said recently. "Dallas, Texas, is reeling from this problem. That needs to be handled where it is, in Africa."

This is myopic thinking. But it's even worse. While many people are working hard to contain the outbreak, I've seen a suggestion on social media that we should "blow up Africa."

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Comments like these haunt me. Right now the real threat to the United States is not the Ebola virus itself but rather the fact that this global fear has gone completely out of control. This fear prevents the appropriate agencies from taking actions necessary to squash the epidemic.

As an infectious disease physician who has worked internationally, including often in Africa, I am very familiar with the typical African medical system. Before we condemn people on another continent for not being able to take care of themselves -- and overreact about their potential harm to us -- it's important to understand the medical infrastructure present in their countries.

There's very little medicine, very few adequate hospitals and very few medical personnel in most African countries, compared with the West. The health workers who are there are underpaid.

In some countries, there may be only one doctor -- if you are lucky -- to take care of a city of more than 100,000 people. At times there may not even be a physician. There might be only a clinical officer, who is the equivalent of a physician's assistant in the United States. He or she trains for two years to take care of a whole town.

African hospitals rarely have air conditioning. Usually there are more than 20 beds in one inpatient ward. Pharmacies are small and lightly stocked. X-ray machines, common in American clinics, are luxuries in many of the hospitals in the developing world.

Complicating matters are the overwhelming cultural differences not only in patient management but also in how families interact and are heavily involved in the day-to-day care of their loved ones, while hospitalized.

Now, with the Ebola crisis, the patient-to-health-worker ratio has become even more unsustainable. Hundreds of new patients are brought into hospitals every day. Who is going to take care of them?

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That is why we are seeing a tremendous push to send in troops and medical personnel -- from the United States and other developed countries -- who know how to control this disease. This is an appropriate response. For the most part, African health workers do not have the means to solve this calamitous situation on their own.

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West Africa is in the midst of a historic health crisis. A chain of preventable events has resulted in more than 8,000 people being sickened by Ebola and more than 4,000 deaths.

But it is not a major health issue in the United States and likely never will be, unless the fears stoked by some result in misguided decisions by public health and other governmental officials. Some of the suggestions for halting the spread of Ebola could inadvertently make matters worse.

The mass casualties in countries like Liberia, Sierra Leone and Guinea are not the result of malice on the part of their citizens. The sick and dead -- and their grieving family members -- are only guilty of living in countries with highly pressured medical systems.

Many may say that this is an ethical and controversial dilemma. I believe it is not a dilemma at all, but rather a measure of health security in the United States and the world.

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