LaRouchePAC Issues Emergency War Plan Against Ebola

Oct. 25—*Dr. Debra Freeman, national spokeswoman for Lyndon LaRouche, issued the following statement on Oct. 24. It is currently being circulated in a mass leaflet form by the LaRouche Political Action Committee.*

Michael Osterholm, Director of the Center for Infectious Disease Research and Policy at the University of Minnesota, and one of the world's leading experts on public health and biosecurity, has been widely quoted identifying the three phases of epidemic control:

Plan A: Smothering the virus where it is currently epidemic.

This depends on having a sufficient number of hospital beds and health-care providers to care for each patient. In an ideal setting, each patient identified is isolated to ensure the virus is not transmitted to family, friends, and the community at large. Once a patient is identified, public-health workers go to work at contact tracing, so that any contact that begins to show signs of infection can be similarly isolated, and the process repeats itself.

This is a classic public-health approach, and succeeds in halting a virus's spread after single introductions of the disease. It has worked in containing the outbreak of Ebola and other infectious diseases in the past. It is what was done last month when a Liberian diplomat collapsed upon arrival at Lagos airport in Nigeria and was diagnosed with Ebola. However, if an infected person reaches a crowded area, especially if that is an area where public-health infrastructure and health-care services are limited, there is a danger of the exponential spread of infection. Then, it is time for Plan B.

Plan B: Mobilizing every aspect of health and medical infrastructure to identify the infected, and quickly isolate and treat them to stop any further spread of infection.

For Plan B to succeed, at the very least, 70% of those infected must be identified, isolated, and treated.

Plan C: The only guaranteed solution to an infectious disease epidemic: the delivery of an effective vaccine to most of the population in an area hit by epidemic.

When the first rash of cases of Ebola infection appeared in Guinea in March, with suspected cases in Sierra Leone and Liberia, it was the first time the virus had appeared in West Africa, and the first time there was an outbreak outside of an isolated area. But, had there been a proper response, Plan A could have been employed to contain the spread of this deadly infection. It didn't happen.

By September, the epidemic was out of control, and spreading wildly in Guinea, Sierra Leone, and Liberia. During the General Assembly meetings of the United Nations in New York, the epidemic was declared an international health emergency. The United States and other nations pledged to mobilize immediate assistance. But, today, almost two months later, very little assistance has arrived.

U. of Minn./Tim Rummelhoff

Dr. Michael Osterholm, Director of the Center for Infectious Disease Research and Policy at the University of Minnesota, has outlined a three-phase program for controlling the spread of epidemics; in the case of Ebola, as of now, none of that has been put into effect.

President Obama promised the deployment of up to 4,000 U.S. troops who would establish rapid supply transport lines and immediately construct 17 treatment centers of 100 beds each, as well as testing labs and facilities for waste disposal. To date, only one of those treatment centers has been completed, and it has yet to open for lack of staffing. Meanwhile, the infection continues to spread so rapidly that even the World Health Organization (WHO) has been forced to admit that it has no reliable numbers on either the number of new cases or the number of dead.

Personnel on the ground are far too overwhelmed to report new cases of infection, even when they are successfully identified, but proffer that most cases have not been identified or reported. Among the cases reported *and* confirmed by lab tests—an admittedly small minority of the cases out there—there are treatment beds for less than 20% of them.

More alarming is the grim reality that the epidemic is also spreading geographically, and is likely to spread to a far greater area in the months ahead. As has been noted repeatedly, crop-friendly rains fall in West Africa from May to October, constituting the growing season, with harvesting occurring from August to October. During this time, thousands of West African men and boys work in their home villages. When the harvest period is over, they travel to jobs in gold mines in Burkina Faso, Mali, Niger, and Ghana; cocoa nut and palm oil plantations in Ghana and the Ivory Coast; palm date harvesting and fishing in Mauritania and Senegal; and illicit charcoal production in Senegal, Mali, Ivory Coast, Ghana, Burkina Faso, and Niger. They mostly travel by foot through forests in order to avoid frontier checkpoints, and they usually have Economic Community of West Africa States (ECOWAS) ID cards, providing free passage to all the member-states of the ECOWAS. The trip usually takes anywhere from one to three days. Obviously, the stage is set for an even wider catastrophe.

What Is To Be Done?

Thus far, Plan B is clearly failing. The promised treatment beds are, by the most optimistic estimates, more than a month away from being established. Even if all the aid promised were to be delivered, and all the treatment and testing facilities planned thus far established and staffed immediately, it would still be far too little to contain this epidemic.

As for Plan C, the development of an effective vaccine, while there are currently numerous trials beginning in various locations, some of which appear promising, the objective is to have several thousand doses of an effective vaccine available for health-care workers by sometime in the early part of next year—a far cry from what would be necessary to stop the epidemic from spreading throughout Africa and, inevitably, to other parts of the globe.

Based on consultations with Lyndon LaRouche, and the foremost global specialists in infectious disease control, it is clear that nothing less than a full-scale, military-style mobilization, as if to contain an act of global biological terrorism or warfare, will suffice. To date, all of the existing mechanisms and institutions have proven themselves to be either inadequate or incompetent to meet the necessary requirement.

A working and effective plan, requires that, at least, the following measures be put in place immediately:

• The establishment of an International Steering Committee, under the leadership of American and Russian military planners and biocontainment specialists, to coordinate a global, top-down effort utilizing all available international resources to contain and defeat the Ebola outbreak.

U.S. Embassy, Monrovia, Liberia.

A C-17 U.S. military aircraft arrives in Liberia in September, with the first shipment of increased U.S. military equipment and personnel for the anti-Ebola fight.

• If there is any hope of preventing the geographic spread of the epidemic into other parts of Africa, the Caribbean, and elsewhere, the situation in the current hot-zone countries must be brought under control. This requires an emergency airlift styled on (but of an even greater magnitude than) the 1948 Berlin Airlift, to deliver medical equipment, trained personnel, and adequate food supplies to treat the relevant population in place.

Additionally, hospital ships from the United States, Russia, China, and other nations must be moved to the coast off West Africa and made available to treat the infected. Just two U.S. hospital ships, would immediately provide 2,000 fully staffed treatment beds in a wholly contained environment. When combined with the extensive medical facilities aboard the Navy's Nimitz-class aircraft carriers and amphibious assault ships, joined by the capabilities of similar vessels from Russia, China, and other nations, we could begin to provide the thousands of beds necessary to begin to bring down the death rate, and at the same time prevent the geographic spread of infection.

• The launching of a global Manhattan Project, drawing in all research specialists from around the world, to rapidly develop, test, and mass-produce a vaccine. Such an initiative would eliminate the time currently being wasted on duplication of efforts, also eliminate barriers between private and government labs, and establish and maintain the highest standard of peer review as well as standards for safe and effective testing. It also provides the only possibility for producing the quantity of vaccine doses necessary to defeat the virus. More than 1 billion people reside on the African continent, meaning that what is actually required is something in the order of 500 million doses of one or several varieties of effective vaccine.

• Finally, preemptive plans to allow immediate detection and treatment of new cases of Ebola outside the current hot zone must be put in place worldwide, with each nation establishing the equivalent of the old American Hill-Burton standard for varied levels of treatment facilities in every location. The recent series of errors in dealing with the first occurrence of Ebola infection in the United States, in Dallas, Texas, served to bring home the reality of the utter collapse of the public-health infrastructure and health-care delivery and preparedness in what is arguably the world's most advanced nation.

For the United States to meet the standard required to provide biosecurity for our own population requires the declaration of an emergency moratorium on Obamacare and the provision of a system of universal health care for all Americans, including a universal vaccination program for the current strains of influenza now threatening North America.

All of these actions, though preliminary in nature, will at least move the world into an effective paradigm to avert a catastrophe on the scale of a *global* 21st-Century Black Death. In itself, it is not enough to address the economic disintegration imposed on the world by a British-centered financial oligarchy hell-bent on reducing the world's population, nor does it address the other existential crises of war and financial collapse that we all face. But, it is a start.

For us in the United States, there is no escaping the harsh reality that, as long as Barack Obama maintains control of the Presidency, acting as an instrument of the same British-centered financial oligarchy that has brought us to this point of existential crisis, none of the measures outlined above will happen. Obama should be removed from office by the Constitutional means available to us.