

West Africa: The Roots of the Ebola epidemic

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A long history of multinational corporate exploitation and political corruption crippled West Africa's response to the Ebola epidemic.

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In December 2014, approximately six months after the Sierra Leonean government announced the presence of the Ebola virus in the country, journalist and Pan-African political activist Chernoh Bah set out on a three-month journey across West Africa to investigate how the virus, which scientists claimed originated in a small village in Guinea, had evolved into an international crisis. Bah shares the findings of this study in his new book, *The Ebola Outbreak in West Africa: Corporate Gangsters, Multinationals, and Rogue Politicians* [1].

The author contends that any understanding of the Ebola crisis must first grapple with the complex history of medical experimentation and exploitation on the continent, and with questionable scientific claims about the presumed origins and spread of the outbreak — in particular the so-called zoonotic transmission thesis [2].

A December 2014 study by a group of German scientists — the findings of which were quickly circulated and repeated worldwide — asserted that the hunting and consumption of wild animals had contributed to the emergence of Ebola in West Africa earlier that year. The scientists based their theory on the supposedly similar circumstances of the 1970s outbreak in Central Africa.

Bah discusses the report in *EOWA*, noting that the research team relied on circumstantial evidence to reach their zoonotic conclusion. They encountered no infected wildlife carcasses in their surveys, nor did they observe a recent decline in wildlife densities in the region. “Even a cursory reading of the report,” Bah writes, “reveals significant unsubstantiated claims and inconsistent evidence of the identity of the index case and of a zoonotic transmission.” And yet this report came to serve as the official Western scientific explanation for the outbreak.

These kinds of misrepresentations are a trend, Bah argues, falling within a Eurocentric analysis of African culture and civilization “that often locates the African and his or her environment within the perpetual confines of savagery and barbarism requiring the civilizing hand of the European missionary now represented by a multitude of aid workers and military forces.”

These narratives not only distract from the structural factors at play in the tragedy (profoundly inadequate health systems, unaccountable governance, etc.), but also serve to criminalize and stigmatize the victims themselves.

Challenging Assumptions

Bah is a journalist, socialist activist, and chairman of the African Socialist Movement [3]. He is also a national and resident of Sierra Leone, and as such trained the book's focus onto his own government's response rather than those of neighboring states. Over the course of his research, Bah interviewed hundreds of outbreak victims (including those who lost relatives and those who were reportedly infected, treated, and survived). He also spoke to a wide range of actors involved in the response, including journalists, politicians, doctors, nurses, aid workers, ambulance drivers, burial workers, and community leaders.

But while *EOWA* devotes some attention to the stories of the victims and survivors, Bah's aim is not simply to shed light on this human tragedy. His broader objective is to raise questions about informed consent in relation to medical treatment, and about the processes and priorities that shaped national and international decision-making.

Why, he asks, did the Ebola outbreak occur in the same geographical space where some of West Africa's most brutal civil wars of the 1990s were fought? What is the relationship between the presence of large-scale multinational corporations like Firestone (Liberia), Rio Tinto (Guinea), and African Minerals (Sierra Leone) and persistent instability in the region? Why was the international "humanitarian" response accompanied by military deployments? And how have existing politics of state repression shaped national responses to crises in the region?

Bah draws on the deeply troubling history of Western medical experimentation in West Africa, like the mid-1990s Pfizer scandal in which the American pharmaceutical giant was accused by the Nigerian government of performing illegal clinical trials on children using the antibiotic Trojan [4]. Conducted during the meningococcal meningitis outbreak of 1996 — which ultimately killed up to twelve thousand people — Pfizer's trials were associated with a large number of the deaths.

While the media focused on "culture" or backwardness to explain why some West Africans avoided hospitals during the epidemic, the history of Pfizer's unethical practices and similar medical experimentation on the continent provides crucial background for understanding why many residents in the region were skeptical of Western-led epidemiological intervention and disease control.

Indeed, Bah discusses numerous instances of unethical practices that occurred during the Ebola outbreak. For example, a team of British doctors and nurses working in Freetown accused an Italian NGO of administering Amiodarone [5], an untested heart medication drug, to treat patients infected with Ebola without their knowledge or consent, and several patients died as a result.

Bah observes that there were no reports of punitive measures taken against the NGO, nor was there a disclosure of the total number of patients who were affected. "These astounding stories," he writes, "can be heard all over West Africa in almost all communities affected by the epidemic."

Intervention

At the time of the outbreak in April 2014, Ernest Bai Korma [6], Sierra Leone's president, was focused on mobilizing votes for his third-term political campaign. By late April, twenty-eight health workers — doctors, nurses, lab technicians, and ambulance drivers— at the Ebola Management Center in the eastern Kenema district had died. "In some of the referral hospitals across the country," Bah writes, "health workers had gone on strikes over non-payment of allowances and lack of basic personal protective equipment. Many hospitals had no gloves, stretchers, and other isolation supplies."

Bah argues that Koroma's overriding concern with winning the election rather than responding to the growing public health crisis resulted in thousands of deaths and infections. It was only when the business and mining community threatened to withdraw their staff from Sierra Leone in early July that the

government announced the creation of an emergency operations center. The president failed to visit any of the areas affected by the disease until ten weeks into the outbreak, and did so only following substantial public pressure.

As health workers turned away patients for lack of sufficient beds, the media fixated on a few high-profile deaths, including that of Sierra Leone's leading virologist Sheikh Umar Khan [7] and the Liberian-American consultant Patrick Sawyer [8]. The World Health Organization declared the Ebola outbreak a public health emergency of international concern in August 2014; a month later, President Obama announced the deployment of three thousand US troops to be led by the US Africa Command (AFRICOM).

Following this announcement, the US Defense Department called on Congress to allocate \$500 million in military spending in addition to the \$30 million already approved for response workers, laboratory supplies, and equipment. The total cost of "Operation United Assistance" amounted to roughly \$750 million over a six-month period.

Bah scrutinizes the militarized approach. In a report evaluating the response to the outbreak, Medecin Sans Frontiers (MSF) strongly criticized the military component, arguing that it was limited primarily to operational support for international aid organizations and local political authorities. "US helicopters would not even transport laboratory samples of health personnel returning from treating patients," said MSF's international president.

Drawing on reports from local and international rights organizations, Bah details the ways in which the Sierra Leone government used the state of emergency to justify a crackdown on political dissent [9]; anyone who questioned the government's handling of the crisis risked arrest.

In April 2015, youths demonstrated outside the United States Embassy in Freetown. "The actions of the youths in Freetown," he writes, "was a calculated strategy to send a direct message to Washington that Obama's praise of Koroma was not reflective of the corrupt and undemocratic leadership of the three West African presidents." The young people timed their protest to coincide with Koroma's visit to the White House in an effort to draw international attention to the countless cases of rights violations and public theft.

External actors were fully aware of the Koroma government's abuse and corruption. Bah cites a national audit in Sierra Leone that discovered that over \$5 million allegedly spent on public procurement for ambulances, construction of a treatment center, and other logistics could not be accounted for. And while government and private donors mobilized as much as \$3 billion, much of this money was spent on hazard pay, hotel rooms, and securitized air transport for international aid workers.

Policy-makers in London, Paris, and New York knew that millions of dollars were misappropriated, yet they continued to provide funds and sanctioned the deployment of troops [10], ignoring local protests that questioned the national and international approach to the response.

Geopolitics

Bah details extensively the geopolitical interests that led Western leaders to ignore local concerns, and that point to Western complicity in the spread of Ebola. Ten years prior to the Ebola outbreak, another disease that had plagued the region — the Lassa virus [11] — was assessed by the US-based Center for Disease Control for its potential use as a bioterrorist agent.

The CDC's reclassification of the Lassa virus as a Category A pathogen "turned Lassa fever into a threat against United States national security interests," opening up funding incentives and research possibilities for Western scientists and biotech companies. A Reuters article published in February 2011 characterized the laboratory erected at the government hospital in Kenema as an outpost of the "war on terror," fueled by \$40 million in biodefense dollars.

The assemblage of actors that coalesced in the Viral Hemorrhagic Fever Consortium (VHFC) included Tulane University, Harvard University, and the San Francisco-based company Metabiota, which has recently been scrutinized for its role in a series of “costly mistakes” during the outbreak [12].

Yet West African public health infrastructures continued to be ignored. A study conducted on the Kenema Lassa Ward one year before the outbreak revealed a stark absence of basic protective equipment like gloves for health care workers handling Lassa cases, writes Bah. Right up until the Ebola outbreak, there was no thermometer at this ward, despite the fact that temperature readings are a key component in identifying the presence of Lassa fever. Nurses at the Lassa Ward reportedly reused needles on patients, thereby increasing the risks of infection.

In other words, the biodefense research in Kenema was conducted in a high-risk, largely unprotected environment. It is therefore possible that the 2014 West Africa outbreak could have been the result of safety procedural violations at a hospital where a highly dangerous pathogen was being handled.

As Bah concludes, “To argue that the 2014 West Africa epidemic took the scientific world by surprise is a deliberate effort to exonerate and extricate the role of biodefense funding and western medical research from creating both the conditions for the epidemiological outbreak and simultaneously condoning its widespread transition.”

But Western interests in the region extend far beyond biodefense. The three affected countries — Sierra Leone, Liberia, and Guinea — have some of the world’s largest deposits of iron ore, bauxite, aluminum, diamond, gold, and other environmental resources [13].

By 2011, multinational corporations had acquired more than five hundred thousand hectares of farmland in Sierra Leone; an Oakland Institute report published that year disparaged the lack of transparency and disclosure over land investment deals and mining agreements. As Bah explains,

“Addax Bioenergy of Switzerland, Quifel Natural Resources of Portugal, CAPARO Renewable Agricultural Developments of England, and Sephan Afrique of Iran, the new agribusiness corporations who had taken over farmlands in the country, were now face-to-face with local communities over simmering disputes arising out of the new land investment deals they had signed with the Koroma government.”

While the corporate influx has been billed as key to economic growth, the International Monetary Fund reported in 2013 — one year before the outbreak — that half of Sierra Leone’s six million people lived on less than a dollar a day.

The author’s critique is therefore not simply of the effectiveness of the international response; he directly interrogates the motives surrounding the decision to put boots on the ground. Noting US anxieties about China’s expanding economic activities in the region, the epidemic “provided the United States a free pass to actualize its twenty-first-century military ambitions in Africa: the deployment of thousands of US soldiers on African soil without any criticism from any sector of the antiwar movement or global peace organizations.”

Digging Deeper

Left un-scrutinized by most reporters, Bah writes, is a trail of clinical wrongdoings, questionable uses of policing, and large-scale corruption, the effects of which are sanitized by Western PR firms (like Tony Blair’s Africa Governance Initiative [<http://www.telegraph.co.uk/news/politics/tony-blair/11262947/Questions-over-Tony-Blairs-opaque-deals-in-Africa.html>])) in the employ of governments in the region.

The Ebola Crisis serves as a painstaking reminder of the politics of knowledge production on and about the African continent, and of the stakes of collecting and disseminating this form of documentation and analysis: it is clear from his conclusion that *EOWA* is as much a call for justice as it is a scholarly

endeavor.

Bah is adamant that further investigation is needed — both of the origin of the crisis, and of the international response. The question of which actors are best suited to carry out such an inquiry is left unanswered. Whether or not a formal investigation takes place, Bah's contributions go a long way to ensure that this troubling history demands a second look.

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P.S.

* "The Roots of Ebola". Jacobin. 7.25.16:

<https://www.jacobinmag.com/2016/07/ebola-west-africa-sierra-leone-bah-zoonotic-health-corruption-imperialism/>

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Footnotes

[1]

https://books.google.com.ph/books/about/The_Ebola_Outbreak_in_West_Africa.html?id=DOWNjwEACA-AJ&redir_esc=y

[2] <https://medicine.yale.edu/ysph/emd/research/zoonosis/article.aspx?id=7787>

[3] <https://africansocialistmovement.wordpress.com/author/africansocialistmovement/>

[4] <https://www.theguardian.com/world/2011/aug/11/pfizer-nigeria-meningitis-drug-compensation>

[5]

<http://www.aljazeera.com/indepth/opinion/2014/12/treating-africans-with-an-unte-2014123195838317148.html>

[6] <http://www.bbc.com/news/world-africa-14094379>

[7]

<http://www.independent.co.uk/news/world/africa/ebola-virus-top-sierra-leone-doctor-shek-umar-dies-of-disease-9636406.html>

[8] <http://edition.cnn.com/2014/07/29/health/ebola-outbreak-american-dies/>

[9]

<https://www.theguardian.com/society/2014/jul/31/ebola-outbreak-state-of-emergency-liberia-sierra-leone>

[10] <https://www.jacobinmag.com/2015/05/africom-africa-counterinsurgency-army/>

[11] <http://www.who.int/mediacentre/factsheets/fs179/en/>

[12] <http://www.cbsnews.com/news/american-company-metabiota-problems-during-ebola-outbreak/>

[13] <https://www.oxfam.org/en/pressroom/pressreleases/2015-06-02/multinational-companies-cheat-africa-out-billions-dollars>