

<http://somatosphere.net/2014/08/web-roundup-ebola.html>

## Web Roundup: Ebola

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When I teach Medical Anthropology, we talk about globalization and infectious disease, with a focus on the increasing speed of global travel. Typically, I discuss a hypothetical epidemic that could accompany a traveller from a distant continent to the local airport. This year, a hypothetical epidemic will not be necessary. Instead, we have the rapid spread of Ebola, poised to make this airline-mediated leap. Of course, showing how it may be coming to get “you” is a means to help students understand that viruses in distant lands are not so distant after all. In a [Milwaukee Journal-Sentinel article](#), Paul A. Biedrzycki of the Milwaukee Health Department reminds us that we should care about the Ebola epidemic for reasons that extend beyond our own fears of contagion: “The Ebola epidemic is not so much a public health wake-up call as it is a call to action on part of the entire global community to protect and take care of each other. The question remains whether we have the courage and determination to heed the call.”

As of August 28, [WHO reports](#) that 3069 people have contracted Ebola in Guinea, Liberia, Nigeria and Sierra Leone since March, and there have been 1552 deaths, with an overall case fatality rate of 52%. The New York Times supplies [interactive information and maps](#). “Patient Zero” [is reported](#) to have been a two-year old boy living in an area of Guinea that borders Sierra Leone and Liberia; the disease spread to his grandmother, and mourners at her funeral brought it with them as they returned to their own villages. [A brief article in the NEJM](#) explains how this conclusion was drawn, including a [detailed outline of the likely paths of transmission](#). Incremental reports of epidemic spread can also be found at [ProMED-mail](#), a system that allows doctors and health officials to report disease emergence as it happens, and it can also be viewed in [mapped form](#).

A form of quarantine called a “cordon sanitaire,” which restricts movement from an entire area, has been established in some countries. [In a New York Times article](#), this method is considered notable because it has not been seen for almost a century, being more associated with “the medieval era of the Black Death.” Monica Green, a historian of medicine (including Black Death) offers some valuable [teaching notes](#) to aid in understanding Ebola both in the present and within the historical context of global health. Another historian reminds of the [disastrous consequences](#)

[of a cordon sanitaire imposed during an outbreak of bubonic plague in Honolulu's Chinatown.](#)

Returning to the local scope (both temporal and geographic), we encounter the question of [intervention, medical treatment, and trust](#), with mistrust resulting in riots in many communities, including [a case in Guinea](#) where residents rioted in response to sprayed disinfectant: "Health workers and the hospital in Nzerekore were attacked by people reportedly shouting: 'Ebola is a lie.'" [Fear of doctors](#), including fears that doctors from MSF or the Red Cross are themselves spreading the disease, has at times lead to [attacks on clinics](#). After [the Cholera outbreak in Haiti was traced to UN workers](#), it is not difficult to understand this sort of fear. Not surprisingly, anthropologists have something to say about this situation. For a consideration of the biomedically-mediated disposal of infected bodies, local meanings of burial and ancestry, and notions of risk, listen to the discussion of ["Ebola and Virology"](#) on the podcast "This Anthropological Life."

As the epidemic spreads, of course people begin to worry about ["What Would Happen If Someone Got Ebola in America?"](#) (Or [in the UK](#). Or [in Sweden](#). Or specifically [at SUNY Plattsburgh](#)). The Atlantic's America scenario goes like this: "You wake up and feel a little weak. It's almost like you have the flu. You stumble to the medicine cabinet and grab a thermometer. You have a fever, so you pop two Tylenols and go back to bed. The fever does not go away. You see your primary care physician, who says it looks like flu and to call her if the symptoms change. The next day, the fever is going strong, and you feel even worse, wracked with chills and a headache. You remember that you recently butchered a West African fruit bat, for some reason. You call 911." While the fruit bat butchery example is presumably meant to convey the unlikelihood of this scenario (just in case, [here is a picture](#), so that you can more easily avoid it), Ebola arriving in North America is nevertheless not a trivial concern. The Daily Beast reports on a near-miss case: If he had not died from Ebola in Nigeria the day before, a man traveling from Liberia [could have been on his scheduled flight to Minneapolis](#).

Ethics – particularly concerning resource allocation – have been discussed at length in relation to this Ebola epidemic. Two Americans were airlifted out of West Africa for treatment at Emory University Hospital, and this has generated a great deal of debate about unequal treatment, which is thoroughly summarized [here by The Hastings Center](#). The use of the experimental drug ZMapp (so far with great success) on these Americans also sparked discussion on many levels, including [whether these same drugs should be used broadly for patients in Africa](#), and more generally, [who gets access to these experimental drugs?](#) The WHO has [concluded that distributing this drug is ethical](#). The next questions will undoubtedly

continue to focus on [supply, logistics](#), and the responsibilities of the global community to areas devastated by this epidemic; Laurie Garrett at the Council on Foreign Relations argues that [the US should already be doing much more](#).

For further reading, and to trace ongoing developments:

- [Commentary from Paul Farmer](#)
- Liberian Observer, [“Health Ministry Rejects ‘Saltwater’ Treatment To Cure Ebola”](#)
- [CDC Ebola information](#)
- [WHO Disease Outbreak News \(DONs\)](#)
- [MSF Ebola information](#)
- [New York Times Ebola coverage index](#)
- Scientific American, [“Ebola: What You Need to Know”](#)
- [ProMED-mail](#)

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