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The Perfect Storm

Bleeding eyeballs. High fever. Muscle ache. Vomiting. These horrifying symptoms accompany the contraction of Ebola, a disease detrimental to a region’s social, medical, and financial welfare. Many citizens of the United States consider the disease a foreign concept, in a war torn area that will never affect their well-being. In the Democratic Republic of the Congo (DRC), however, the Ebola crisis is amplified by the environmental degradation and violence linked to the ongoing civil war in the third world country that so desperately needs economic aid.

    In her article for Vox, “Ebola Showed up in a War Zone. It's Not Going Well,” Senior Health Correspondent, Julia Belluz states the Ebola virus, for the first time in recorded history, has taken off in a warzone, and its effects are largely aggravated by the political and social unrest of the the DRC. War is rampant throughout the region as a result of the Congo’s mineral-rich land and the quest for exploitation by rebel groups. “Eight U.N. Peacekeepers Killed in Congo in Area Facing Ebola Outbreak,” a *New York Times* article written by The Associated Press, asserts that as the violence level of the war picks up, villagers and children are being abducted, killed, and tortured, putting a halt to efforts towards stopping Ebola. According to “DRC 2018 Ebola Outbreak Crisis Update” written by Medecins Sans Frontieres, “one of the critical components of the Ebola response is the ability to react quickly,”  yet due to Ebola’s first appearance in a location where gunfire sporadically rings out, doctors are unable to access patients as quickly as necessary, resulting in increased infection rates. The violence not only deters patient treatment, but adds to the mounting death toll in the region .

In addition to the lethal ramifications of the civil war upon Ebola, distrust and violence  towards medical providers leaves patients deviating from the optimum medical treatment. In a state of war, complete chaos pervades the DRC, leaving terror reigning through the streets. Donald G. McNeil Jr., a science and health reporter, states in his article, “Battle Against Ebola in Congo Pits Medical Hope Against Local Chaos,” that because of this widespread violence, some Ebola victims are unable to reach hospital units where Center of Disease Control (CDC) doctors are working, thus forcing them to seek treatment elsewhere. For some victims, however, trust towards government and society has been lost entirely; therefore, they choose to seek treatment elsewhere.

Whether or not a victim’s choice to find help somewhere else is voluntary or imposed, they all end up in the same place: an unauthorized herbal or faith healer. While the healers may have sound intentions, their actions tend to be detrimental to the patient’s health and well-being. As stated in McNeil’s example, in knock-off treatment centers, a healer might tend to a gunshot victim with the same syringe used to inject a patient sick with Ebola. In other counterfeit treatment centers, patients with open wounds would be assessed in close proximity to patients with Ebola, and the contraction occurs in a cyclical pattern from there.

Even with the 450 doctors, vaccinators, and correspondents on the grounds within a week, the violence, instability, and insecurity of the region at the moment pushes every aspect of containing the outbreak to its limits (Belluz). Along with lack of trust for society, many villages have lost complete trust in their military, so they form their own methods of self-protection (McNeil). According to Susan Scutti’s article, “WHO Concerned as Congo Faces 'Perfect Storm' for Ebola to Spread," whether this entails burglary or violence, it almost always ends in bloodshed, making the wounded much more susceptible to the Ebola virus, for it spreads when there is direct contact between bodily fluids contaminated with the virus.

Due to the brutal conditions in the region, it is unsafe for the doctors to carry out their treatment plans, for fear their safety is in jeopardy. Despite the amount of people who choose, or are able to seek professional help from CDC doctors, “more than 400 people have been diagnosed with Ebola here since the beginning of August, and more than half of them have died” according to Anita Powell’s article, “Congo's Worst Ebola Outbreak Hits Women Especially Hard.”  On behalf of the terror blazing through the region, veteran doctors from the CDC and government employees doing their best to contain the outbreak were issued an indefinite leave of absence from the DRC. Their safety was immediately called into question when medical and burial teams were ambushed by villagers for their alleged “acts of witchcraft” (McNeil). After the violence levels tapered slightly, the aftermath showed missed cases of Ebola that in turn led to more people coming into contact with the virus, meaning more villagers contracting the disease (Belluz).

While every measure is taken to ensure citizen and doctor safety, at times, this is actually the reason more and more citizens come into contact with the virus. Christopher Dickey, *The Daily Beast*’s World News Editor, states in his article, “What's Worse Than Ebola? Fighting It in a War Zone,” that after several attacks, the villagers described their city as “*ville morte*,” meaning “dead city,” and were put under a lockdown to deter the violence. However, in the course of the lockdown, the Ebola virus- already present at the time- began to speed up its proliferation, for every citizen was in extremely close proximity to one another.

    With all these extraneous conflicts littering the landscape and the issue, the Ebola crisis will never be solved when the focus is not on the suffering victims, but on the collateral matters instead. On November 14, 2018, in a background briefing covering the outbreak in the DRC, government agents stated that their highest priority is keeping Americans safe (McNeil). How is Ebola, a disease that is killing hundreds in a bestial-like manner, ever going to be controlled if its victims are not everyone’s top priority? As long as we continue removing doctors from the region out of fear, the crisis will not end. Yes, doctor safety is vital, and yes, we need to make an effort to keep everyone safe, but at what point are we compromising a miserable victim’s health, for the safety of a healthy, strong healthcare worker?

    Some people, however, believe that those in power should not simply choose who gets to be in danger versus who must live in peril. Analogous to the contraction of Ebola in the DRC, choosing who gets the best out of a dismal situation is cyclical. One cannot just choose to solely protect the victims, for the doctors would be put in danger and then be unable to help the next round of victims who have fallen to the Ebola virus. One cannot denounce one option, without dramatically hurting the other.

    A plausible option to lessen the severity of all conflicts occurring in the DRC would be to subsidize the region and its health efforts towards controlling the outbreak. If money were allocated for increasing security, increasing research funds, and increasing the ability to provide worthier supplies for doctors, these actions would ameliorate the conditions of the region, which in turn would provide a stronger chance of containing the Ebola outbreak. However, the only way for this to function properly, different from previous experiments, would be to implement a policy of sustainable development in hopes of self-education. By teaching less-educated people in a third world country about sustainable development, in an attempt to duplicate things in their life that are prominent in the Western Hemisphere, this could bring villagers a sense of stability they have never experienced. Examples of this sustainability would include childhood vaccinations, public education, and dental health. While this implementation would not stop the outbreak, it would provide education about and therefore means whereby one could contain its armageddon-like catastrophes.

    Subsidizing the community would alleviate the stressors placed upon the DRC due to the unchecked outbreak. If money is directed towards boosting military security in front of health units filled with doctors from the CDC, they would have protection, therefore giving them a military aegis to see more patients without fear for their own safety. If medical funds were increased to provide researchers with more resources to attain information on the disease, drugs not approved by the FDA could possibly become approved. For instance, a team of researchers have the choice between five possible drugs that could boost a victim’s chance of survival. While their status has yet to be approved by clinical tests, their utilization has been granted as an experimental drug, to be used only under firm consent by the patient (“DRC 2018 Ebola Outbreak Crisis Update”). If doctors had more resources, the best drugs would be available for every victim, not just a select few. Greater money means greater resources, which leads to more patients with access to the best health care possible.

    Although there is not one optimal panacea, opposition exists to quite a few solutions. While granting money to a certain industry, whether it be medical or security, is valuable to that industry’s needs, it would then require money be pulled from another industry elsewhere, causing them to struggle financially. Who gets to determine which industry has to suffer economically in order to support the DRC, a region where the money might be stolen by rebel groups and exploited for their own welfare? Some may believe that this is not a solution, but in fact a path to new conflicts.

While this is a risk, the potential for favorable outcomes of the solution certainly outweigh the opposed and unwanted results. Positives resulting from subsidizing the region may include less violence and more secure hospital units, less experimental drugs and more curable vaccines, or less poverty and more education.

A gruesome, yet extremely pertinent fact, is with the death toll rising, the population of the DRC will be somewhat controlled in the future. Plague, warfare, sickness, famine, are all natural population controllers. If the population is stabilized, the sustainable development and extra money can be allotted more efficiently, for it is no longer needed to be divided among as many people. As horrible as this may sound, it might possibly be the region’s last hope at regaining social, medical, and financial welfare.

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