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Capitalism and the Ebola crisis

1 November 2014

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“Ebola emerged nearly 40 years ago. Why are clinicians still empty-handed, with no vaccines and no cure? Because Ebola has been, historically, geographically confined to poor African nations. The R&D incentive is virtually nonexistent. A profit-driven industry does not invest in products for markets that cannot pay.”

World Health Organization Director-General Dr. Margaret Chan

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The simple truth quoted above from an address delivered earlier this month by Dr. Chan has been deliberately obscured in the countless hours and thousands of pages of media coverage on the Ebola crisis.

The development of a vaccine that could have prevented the outbreak of the disease in West Africa was blocked by the irrational and anti-social priorities of an economic system based on private ownership of the pharmaceutical and health care industries and the profit interests of giant corporations. Thousands have needlessly died and millions have been put at risk in the latest in a long line of disasters (Hurricane Katrina, the Asian tsunami, the Gulf oil spill, famines

in Nigeria, Ethiopia and other countries) either directly caused or made infinitely more deadly and destructive by capitalism.

The profit system not only subordinates the social good to the accumulation of wealth by a wealthy elite, it prevents the mobilization of international resources in a rational manner by upholding the division of an increasingly integrated world into rival nation states. In the current crisis, there has been no coordinated international response because any such mobilization cuts across the competing state interests of rival nationally based corporate elites.

According to the World Health Organization (WHO), as of October 31 there have been 13,567 reported cases of Ebola in eight countries, with 4,951 deaths. While it has to date been limited elsewhere, the disease continues to spread in the deeply impoverished West African countries of Liberia, Sierra Leone, and Guinea.

Ebola is not the only disease that ravages West Africa and other parts of the world for which the development of a vaccine has been blocked by the profit interests of the pharmaceutical industry. Among the most deadly and well known are Dengue fever and Lassa fever.

Dengue fever, spread to humans by mosquitos, is common in a large swath of the planet between the Tropic of Capricorn and the Tropic of Cancer. The painful effects of the disease have been known since the late 18th century and the first attempts at developing a vaccine occurred in the 1920s. Dengue originated in Africa and first emerged as a severe worldwide problem in the 1950s.

The WHO estimates that worldwide between 50 and 100 million people are infected with Dengue every year and that 25,000 die. There has been no coordinated effort to stamp out the disease. The most promising candidate for a vaccine was still in human efficacy studies at the beginning of this year.

Lassa fever, a disease with symptoms similar to Ebola, is spread to humans by rodents. It was first detected in West Africa in 1969 and is widespread in the region. There are 300,000 to 500,000 infections every year, with approximately 5,000 deaths. Ten to 16 percent of people admitted to hospitals each year in Sierra Leone and Liberia are sick with Lassa fever. Though the disease has been known and studied for more than four decades, the most promising vaccines are only in the animal testing stage.

A major factor in the scale of the current Ebola outbreak and the prevalence of these other deadly diseases is the entrenched poverty that prevails on the African continent. Liberia, Sierra Leone and Guinea ranked among the poorest countries in the world last year, with respective annual per capita GDPs of \$878, \$1,927 and \$1,255—well below the global per capita GDP of \$14,293. The majority of the people in these three countries live either in undeveloped rural villages or fetid urban slums.

Less than five percent of Liberia's rural population has access to improved sanitation facilities, while little more than 26 percent of Sierra Leone's rural population has access to an improved water source. There is no plumbing in the notorious West Point slum in Liberia's capital,

Monrovia. Residents are forced to use the beach along the Atlantic Ocean and areas along the main river as makeshift lavatories.

These conditions create perfect conditions for the rapid spread of Ebola and other fatal diseases.

The continuing presence of these diseases and the backward conditions in which they spread are the lasting legacy of colonialism and imperialism. Having plundered these countries for their resources, the imperialist powers—in this case, the United States, Great Britain and France--bear the chief responsibility for the horrific social consequences.

Liberia, Sierra Leone and Guinea were established as colonies of these imperialist powers. The American Colonization Society created Liberia as a colony for freed American slaves in 1822. The country gained its formal independence in 1846, but has ever since remained under the domination of American capitalism. Sierra Leone was established as a colony for freed slaves in the early 19th century by Great Britain and remained under direct colonial control until 1960. Guinea was established as a French colony in the last decades of the 19th century and remained under French control until 1958.

The response of the major powers to the current crisis in West Africa is motivated by the same predatory interests that have bled these countries dry for more than a century. Each of the imperialist powers, beginning with the United States, is exploiting the Ebola crisis to expand its control over the region and its natural resources, which include latex (Liberia), diamonds and gems (Sierra Leone) and bauxite (Guinea).

Instead of deploying thousands of medical personnel, the US has deployed thousands of troops, in order to gain a foothold for its Africa Command on the continent.

Diseases such as Ebola thrive because of the social devastation caused by capitalism. To solve the current crisis and prevent similar ones in the future, the international working class must take matters into its own hands. It is the only force that can defeat imperialism and break the grip of the corporate oligarchy over both the oppressed countries and the imperialist centers.

Private ownership of the pharmaceutical industry must be abolished and replaced by public ownership under the democratic control of the working people. An international drive must be organized, led by doctors and scientists independent of any existing government, to wipe out poverty-linked infectious diseases, and however many billions are needed must be appropriated. Expropriating the wealth of the world's billionaires would itself pay for such an effort many times over.