

Republican Perspective #9

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Is Ebola Coming to California?

“Although prepared for martyrdom, I preferred that it be postponed.” Sir Winston Churchill

Some might consider Ebola old news but the World Health Organization has just reported that the number of individuals infected has exceeded 17,000. Many concerned Americans are questioning why the Obama Administration has not invoked travel restrictions from West Africa. It should not be made easy to bring this deadly virus to our shores. Airlines for America, a Washington, D.C. trade group has reported that under 150 persons per day travel from Liberia, Sierra Leone and Guinea, the countries most impacted by Ebola. To date, the Administration has only required travelers from these countries to fly into one of five designated airports that will provide additional screening. So if you are nervous about Ebola you may wish to avoid JFK, Newark, Chicago O'Hare, Dallas-Ft.Worth and Atlanta.

Due to the inept handling of the national media by the Center for Disease Control (CDC), another Czar was appointed by President Obama. However, the Ebola Czar is not a health professional but the previous chief-of-staff to Vice President Biden and also to Al Gore. It appears that the White House thinks that a highly contagious disease requires the expertise of a political insider to arrest its spread or at least put the proper spin to the public.

In mid-November 18,000 Kaiser Permanente nurses in California went on a two day strike to protest both Ebola protocols and under staffing. These nurses complained about the lack of training and personal protective equipment to treat Ebola patients. Last week, the CDC announced that 35 out of the nation's nearly 5000 hospitals are currently certified to handle Ebola patients. This includes four in northern California: Kaiser Oakland, Kaiser South Sacramento, UC Davis and UCSF. The CDC stated that these facilities have the staff to handle the around-the-clock care required for an Ebola patient. The CDC will also visit hospitals in southern California looking towards certification.

But why are we allowing anyone from these highly infected countries into the USA? Australia has stopped issuing temporary visas to persons from West Africa. Individuals that have permanent visas can travel but will be quarantined for 21 days upon arrival. Does such a policy contain too much common sense for the Obama Administration? California has imposed a 21-day quarantine for travelers who have been in close contact with Ebola patients but it is up to each County's health agency to impose the quarantine on a case-by-case basis. At least our Defense Department has acted prudently by requiring a 21-day quarantine for all military personnel serving in Ebola stricken areas of West Africa.

What is troubling are reports from the Border Patrol of detaining individuals from West Africa entering the US through our porous southern border. The tsunami of illegal immigrant children this summer brought with them the diseases that our politicians don't like to mention. These are diseases that the US had controlled or virtually eradicated such as tuberculosis, dengue fever, hepatitis, malaria, measles, chickenpox and more. Doctors reported that a drug resistant strain of tuberculosis arrived with some of these children. The strain is very complex with expensive treatment and with a low cure rate. Securing our borders is paramount to any policy reached or made by edict on immigration.

The Association of American Physicians and Surgeons issued several poignant questions to the Senate Appropriations Committee concerning the federal government's response to Ebola. You may wish to ask our Democratic House and Senate representatives to obtain answers to their questions: 1). Was the fact that a significant percentage of Ebola patients do not show a fever as an early sign taken into consideration in developing the Port of Entry screening guidelines? 2). How many possibly infected individuals with Ebola entering the United States would it require to completely overwhelm Federal and States' capability to perform complete contact tracing and proper follow-up? 3). What is the basis for the CDC's repeated contention that aerosol transmission does not occur in human Ebola cases, despite evidence of such transmission in animals? Why was a CDC website reference describing possible aerosol transmission, which appeared briefly, taken down? 4). Does CDC guidance take into account skin shedding of infective virus? 5). Does CDC guidance for protecting Emergency Medical Services and clinical workers take into account data regarding survival in the environment of Ebola virus contained in aerosols or shed from skin?

Pretty heavy stuff - think I'll go play golf!

Ed Manning