

## Ebola Synthesis Essay

**Directions:** The following prompt is based on the accompanying six sources. This question requires you to integrate a variety of sources into a coherent, well-written essay. Refer to the sources to support your position; avoid mere paraphrase or summary. Your argument should be central; the sources should support this argument. Remember to attribute both direct and indirect citations.

### Introduction

The recent breakout of Ebola has caused a large amount of tension within the United States with multiple people objecting to Obama's decision to keep borders open; should Americans embrace the open policy, or should Obama close the borders to those infected and to those seeking treatment?

### Assignment

Read the following sources (including any introductory information) carefully. **Then, in an essay that synthesizes at least three of the sources for support, take a position that defends, challenges, or qualifies the claim that US borders should be closed to all people travelling to or from Ebola-infected countries.**

Source A (Thiessen)

Source B (Osterholm)

Source C (BBC)

Source D (Phillip)

Source E (Belluz&Hoffman)

Source F (Thalen)

Source A - Thiessen

Thiessen, Marc A. "Ebola and Obama's Crisis of Competence." *Washington Post*.  
The Washington Post, 27 Oct. 2014. Web. 3 Nov. 2014.

Ebola may not be a widespread health crisis in the United States just yet, but it is creating a crisis of another kind — a crisis of confidence in the competence of the federal government.

Many Americans were shocked to learn that when Ebola-infected doctor Craig Spencer returned to New York City from Guinea, took a three-mile run, visited a coffee stand, ate at a meatball restaurant, traveled on three New York subway lines, met friends at a Brooklyn bowling alley and used an Uber sedan to return home, he was not violating the U.S. government's Ebola protocols.

The Centers for Disease Control and Prevention instructs health workers returning from West Africa to monitor their health for 21 days and that “during the time that you are monitoring your health, you can continue your normal activities.” Only after a health worker's temperature reaches 100.4 degrees Fahrenheit does the CDC advise that he or she go to a doctor, “limit your contact with other people” and “avoid public transportation.”

Continue your normal activities? It is simply unbelievable that this remains the official federal guidance for people who were exposed to the Ebola virus — especially after the CDC just came under fire for telling Dallas nurse Amber Vinson (who had been exposed to Ebola and had a 99.5-degree fever) that she was safe to fly on a plane with 134 passengers aboard because her temperature had not yet reached 100.4 degrees.

So bad has the CDC's handling of Ebola been that the governors of New York and New Jersey had to step in and impose their own mandatory 21-day quarantine on health-care workers returning to their states from West Africa after treating Ebola patients.

Source B – Osterholm

Osterholm, Michael. "What We're Afraid to Say About Ebola."  
*The New York Times*. The New York Times, 11 Sept. 2014. Web. 3 Nov. 2014.

First, we need someone to take over the position of “command and control.” The United Nations is the only international organization that can direct the immense amount of medical, public health and humanitarian aid that must come from many different countries and nongovernmental groups to smother this epidemic. Thus far it has played at best a collaborating role, and with everyone in charge, no one is in charge.

A Security Council resolution could give the United Nations total responsibility for controlling the outbreak, while respecting West African nations' sovereignty as much as possible. The United Nations could, for instance, secure aircraft and landing rights. Many private airlines are refusing to fly into the affected countries, making it very difficult to deploy critical supplies and personnel. The Group of 7 countries' military air and ground support must be brought in to ensure supply chains for medical and infection-control products, as well as food and water for quarantined areas.

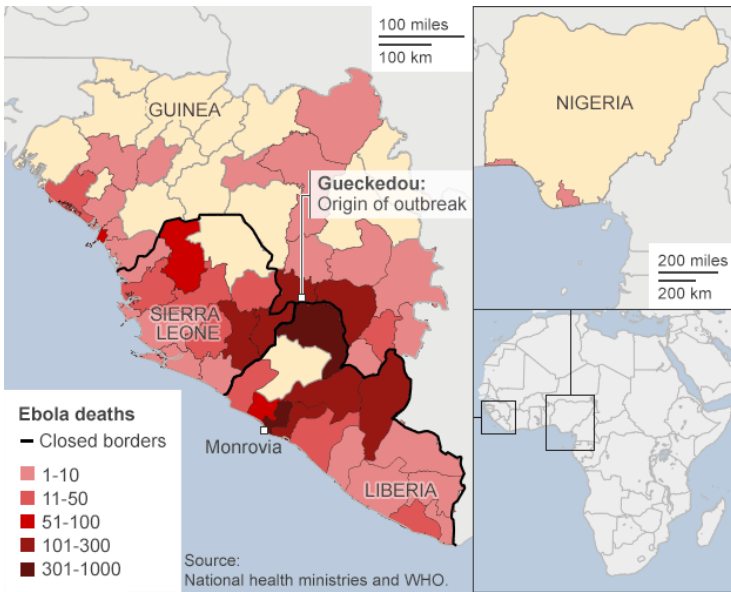
The United Nations should provide whatever number of beds are needed; the World Health Organization has recommended 1,500, but we may need thousands more. It should also coordinate the recruitment and training around the world of medical and nursing staff, in particular by bringing in local residents who have survived Ebola, and are no longer at risk of infection. Many countries are pledging medical resources, but donations will not result in an effective treatment system if no single group is responsible for coordinating them.

Finally, we have to remember that Ebola isn't West Africa's only problem. Tens of thousands die there each year from diseases like AIDS, malaria and tuberculosis. Liberia, Sierra Leone and Guinea have among the highest maternal mortality rates in the world. Because people are now too afraid of contracting Ebola to go to the hospital, very few are getting basic medical care. In addition, many health care workers have been infected with Ebola, and more than 120 have died. Liberia has only 250 doctors left, for a population of four million.

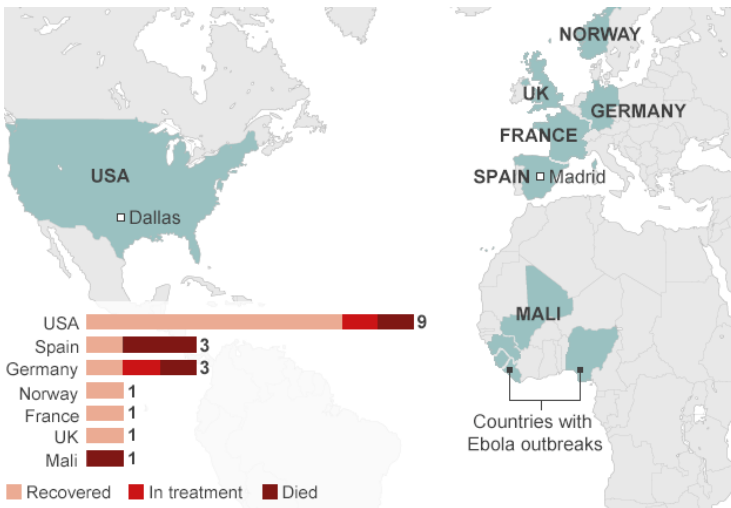
This is about humanitarianism and self-interest. If we wait for vaccines and new drugs to arrive to end the Ebola epidemic, instead of taking major action now, we risk the disease's reaching from West Africa to our own backyards.

Source C – BBC

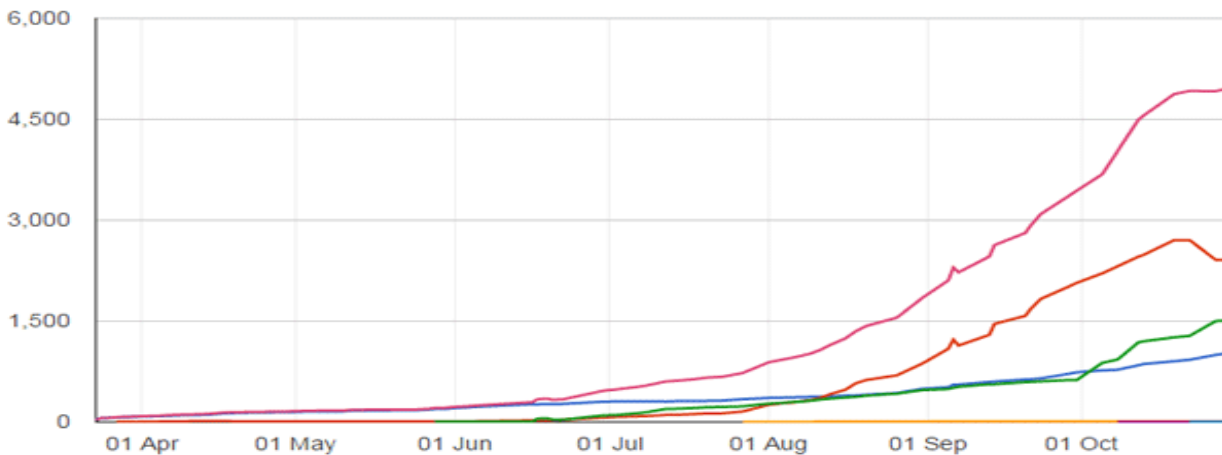
"Ebola: Mapping the Outbreak." *BBC News*. 30 Oct. 2014. Web. 3 Nov. 2014.



Figures accurate from 4-6 October, depending on country. Death toll in Liberia includes probable, suspect and confirmed cases, while in Sierra Leone and Guinea only confirmed cases are shown



Guinea: 1,018    Liberia: 2,413    Nigeria: 8    Sierra Leone: 1,510  
 USA: 1    Mali: 1    Total: 4,951



Source D – Phillip

Phillip, Abby. "Why Hasn't the U.S. Closed Its Airports to Travelers from Ebola-ravaged Countries?" *Washington Post*. The Washington Post, 4 Oct. 2014. Web. 3 Nov. 2014.

Several African nations have restricted or banned air travel from Ebola-stricken countries, and airlines including Kenya Airways, British Airways, Air Cote D'Ivoire and Nigeria's Arik Air have suspended flights from the countries. Front Page Africa reported Wednesday, though, that Kenya Airways and Air Cote D'Ivoire are expected to resume some of their so-called "Ebola flights" this month.

Others airlines have greatly reduced air travel in the region. Some of that is a natural consequence of the fact that few people, save for aid workers and government officials, are traveling in and out of the region.

But other suspensions reflect a widespread fear that a person sick with Ebola could get on a plane and potentially infect other passengers and airline crew members.

The airline industry has been trying to tamp down Ebola fears this week as more and more people ask whether there should be restrictions on who can fly into the United States.

More travel restrictions, though, aren't going to make the world safer when it comes to Ebola, according to several global public health organizations. In fact, they might make the situation worse. Ebola can only be contracted through direct contact with a sick person's bodily fluids. That means saliva, feces, urine, blood, vomit or semen. It isn't transmitted through the air, so you are more likely to catch a cold on a flight than Ebola.

Source E – Belluz & Hoffman

Belluz, Julia, and Steven Hoffman. "Why Travel Bans Will Only Make the Ebola Epidemic Worse." *Vox*. Vox.com, 17 Oct. 2014. Web. 3 Nov. 2014.

In opposing this idea, public health experts unanimously agree: sealing borders will not stop Ebola spread and will only exacerbate the crisis in West Africa — and heighten the risk of a global pandemic.

There are three reasons why it's a crazy idea. The first is that it just won't work to stop the virus. The weeks following 9/11, when people stopped getting on planes, provided influenza researchers with a natural experiment in what a travel ban might do to viral spread. They found it didn't stop influenza from moving, it only delayed flu season by a couple of weeks.

What's more, the researchers didn't measure whether this delay actually reduced flu cases or saved lives. But a look at the CDC data shows that flu deaths actually massively spiked during the 2001-2002 flu season, rising from about 3,900 the year before to more than 13,000 post-9/11.

Writing in the *Washington Post*, Laurie Garrett — senior fellow for global health at the Council on Foreign Relations — pointed out: "Many nations have banned flights from other countries in recent years in hopes of blocking the entry of viruses, including SARS and H1N1 'swine flu,'" she added. "None of the bans were effective, and the viruses gained entry to populations regardless of what radical measures were taken to keep them out."

In CDC Director Tom Freiden's words, "Even when governments restrict travel and trade, people in affected countries still find a way to move and it is even harder to track them systematically." In other words, determined people will find a way to cross borders anyway, but unlike at airports, we can't track their movements.

Source F – Thalen

Thalen, Mikael. "Doctor: Obama's Open Border Policy Fueling Ebola Crisis." *Infowars*. 23 Oct. 2014. Web. 3 Nov. 2014.

Despite Senegal and Nigeria completely stemming the Ebola outbreak in their countries by stopping the entry of travelers from affected nations, President Obama has thus far refused to enact similar procedures.

Dr. Lawrenzi is joined by countless other professionals from across the spectrum who continue to warn of the medical danger posed from the dilapidated southern border.

A South Texas Border Patrol agent confirmed earlier this month that immigrants from several Ebola-stricken nations have been caught attempting to enter the country illegally.

"Not too long ago we did catch some people, I believe, from Liberia," said Chris Cabrera, vice president of the National Border Patrol Council local chapter 3307.

A U.S. Border Agent speaking with Fox 5 San Diego recently sounded the alarm over the agency's complete lack of training of what to do when facing potential Ebola patients.

"We have not been trained," National Border Patrol Council spokesman Gabe Pacheco said. "There are no protocols in place and we haven't seen any protective equipment. We haven't had anyone tell us these are the protocols you're going to be using."

Speaking at the National Defense University, Marine Corps Gen. John F. Kelly, commander of the U.S. Southern Command, warned that illegal immigrants crossing the border could bring more cases of the deadly virus as well.

"By the end of the year, there's supposed to be 1.4 million people infected with Ebola and 62 percent of them dying, according to the [Centers for Disease Control and Prevention]," Kelley said. "That's horrific. And there is no way we can keep Ebola [contained] in West Africa."

"If it breaks out, it's literally, 'Katie bar the door,' and there will be mass migration into the United States," Kelly said. "They will run away from Ebola, or if they suspect they are infected, they will try to get to the United States for treatment."

Aside from Lawrenzi's warning about the country's border, the doctor also went on to reveal during his interview with Alex Jones that people with Ebola-like symptoms were being "disappeared" from hospitals.

"These patients are disappearing, they're doing something with the patients and God knows where they're going," said Lawrenzi.