

## EDITOR'S NOTE

In August 2014 alarming headlines and stories started to come out in the media about a new outbreak of Ebola, a disease well known in rural parts of Africa since the 1970s, which started appearing in urban areas in the middle of this year. With this, undoubtedly the worst outbreak of Ebola in history, one of the most serious emerging diseases has become a global problem that must be contained.

If we take a historical perspective on this devastating, still unfolding outbreak, there are three aspects that merit special mention. First, the name itself. Although Ebola hemorrhagic fever was first identified in a community near the Ebola river in the north of the Democratic Republic of Congo, it is strange that its name should have been accepted unquestioningly for so long, linking the disease to a remote region of Africa. It is as if Aids had been called the Los Angeles disease (the city where the first cases were reported) or – something that actually happened – a type of influenza was called Spanish. Having Ebola as its name, rather than some clinical denomination such as was negotiated for Aids, only tends to strengthen the deep-seated fears and stigmas of industrialized and middle-income countries towards a region of the world that has, since the Second World War, been socially constructed as the most backward of the planet and often perceived as responsible for its own misery. The fact that the natural hosts of the virus are fruit bats only adds to the aura of mystery and dread surrounding this disease seen as a foreign threat.

Secondly, the incapacity of medicine to find a cure that provides rapid protection for the other citizens of the world is another source of fear for Europe and the U.S.A., which have seen their first cases of the disease and associated deaths. Meanwhile, the only solutions offered by medicine and public health are complex systems of health surveillance, quarantine and experimental drugs – along with protective measures for health workers, who appear on our TV screens dressed like astronauts. Stigma and fear have fueled racist and draconian responses by the authorities in industrialized countries, which have taken drastic measures to restrict the movement of people and trade with Africa. Many airlines have hastily suspended their flights to the worst affected countries, disrupting tourism, trade and foreign investments in mining. The response to the pandemic is gradually acquiring a fundamentally socio-medical perspective because, for instance, of the need to comprehend and persuade the people of a serious transmission-related problem: the traditional custom of washing the dead before a funeral. This is educational work that should be done by anthropologists and medical educators who know how to mobilize community leaders and healers and spread knowledge about the disease.

A third aspect, highlighted by few public health specialists, is the precarious state of the economies of the countries worst affected by the epidemic. Sierra Leone and Liberia are not only among the poorest countries in Africa with meager public health systems, but they are also recovering from drawn-out civil wars. Few seem to consider that the disease is part of a vicious cycle of poverty, violence and disease, which need to be addressed in conjunction. Today it is hard to establish or predict the number of cases of the epidemic, not to mention the very high associated mortality rate. According to specialists, the number of cases of Ebola and deaths could be far higher than the official figures, and the disease is still spreading. The epidemic has been facilitated by the inadequacy of the medical facilities and health services and the critical state of training for medical and specialized personnel, reflecting the dearth of actions by national and international agencies. Furthermore, little work is being done to train human resources in socio-medical areas, or to inform the population about the danger of infection during traditional funeral rites. Nonetheless, help from other parts of the planet has increased. The French organization *Médicins Sans Frontières*, the American NGO *Partners in Health*, the World Health Organization, and Cuba have sent teams and funds to the region. These interventions are fundamental to address the issue on a regional level and to combat rumors and stigma.

Finally, there are three dangers. First, while the focus is on Ebola, we forget that there are other diseases like malaria, tuberculosis and Aids that kill far more people in Africa. Second, interest in health in Africa most likely will diminish as soon as the outbreak of the disease is under control. Third, since 2008, when Europe entered a period of economic strife, with the collapse of several banks, resulting in austerity measures in several wealthy countries, donations to programs that support international public health in Africa have diminished. Indeed, the public health budgets of bilateral agencies and American and European foundations are also shrinking.

This periodical is published in the hope that studying the history of health can be of use for those responsible for public policy making and for scholars of health systems around the world, helping to fight the diseases associated with poverty.

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