



Epidemiologist: “President Obola” Allowing Spread of “Killer Illness”

Given that dozens of countries have already [instituted](#) Ebola-related travel/entry restrictions and eight airlines have thus far restricted flights to nations affected by the disease, many critics have a question: Why hasn't the United States protected Americans by suspending travel to and from Ebola-ravaged lands?

One of the most recent figures recommending this course of action is Michael Savage (shown). While best known as a colorful and sometimes curmudgeonly talk-show host, Savage also is a trained epidemiologist, with a Ph.D. in the specialty from the University of California, Berkeley.



On a recent edition of his radio show, Savage blamed Ebola's introduction into the United States on Barack Obama's suicidal immigration policy. As WND.com [reports](#):

Savage ... said Obama refused to employ the basic epidemiological rule of quarantining a deadly virus, “because the far-left agenda is to have an open-borders policy.”

Referring to the commander in chief as “President Obola,” Savage said on his nationally syndicated show Wednesday the “only solution is zero travel in and out of West Africa for any American.”

“You let nobody in from a country where you have a raging epidemic,” he said, emphasizing “microbes do not discriminate.”

“You isolate and you quarantine an entire nation, if necessary.”

Savage addressed the argument that it's not practical to isolate an entire country or region.

“Is it practical to risk the spread of a killer illness?” he countered.

Just one month ago, an international team of scientists [predicted](#) that Ebola would reach the United States in late September, given the policies in place. And sure enough, Thomas Eric Duncan, who flew into Dulles International Airport in northern Virginia from his native Liberia and then took a connecting flight to Dallas on September 20, became our nation's [first diagnosed Ebola patient](#) shortly thereafter. Duncan also might have spread the infection, having had contact with schoolchildren and others during the week he was in the United States prior to being isolated.

And Savage isn't alone in calling for the isolation of Ebola-affected nations. North Carolina house speaker Thom Tillis has just demanded such, [saying](#). “Keeping the American people safe must be our nation's top priority, and the White House should immediately ban travel from Liberia, Sierra Leone, and Guinea to contain the spread of Ebola.... It makes absolutely no sense to risk more cases of Ebola in the United States by continuing to allow travel from Ebola-inflicted countries.” And, interestingly, even



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far-left bomb-thrower Alan Grayson has taken this position. Grayson, a Florida congressman best known for polemical rhetoric such as saying that the Republican healthcare plan was to “die quickly,” “wrote Secretary of State John Kerry *in July* demanding a travel ban on the three West African countries, and any other country that reports a case of Ebola, until 90 days have passed without a new case of the disease,” [reported](#) the *National Review’s* Mark Krikorian.

In response to this, government officials say that travelers in affected nations are being monitored for symptoms prior to boarding aircraft. Yet Savage and other experts point out that this is of limited utility because Ebola’s symptoms don’t manifest themselves for up to three weeks. A case in point is Duncan himself: He was checked in Liberia and found symptom-free, but soon after fell ill and now is in critical condition.

Officials and others claim that quarantining would just exacerbate the problem by hindering aid workers’ travels to affected nations and thus would increase the chances of Ebola’s spread to the United States over the long term. But this seems much like saying that quarantining Duncan — which, again, has been done — is counterproductive because it would limit doctors’ ability to care for him. And since medical teams and other experts could be given special dispensations from the travel restrictions and then be monitored closely upon their return home, many critics suspect ulterior motives — that the imperatives driving officials aren’t epidemiological but ideological. As Krikorian wrote:

I’ll tell you our problem: Much of our political class is simply uncomfortable with the idea that border and immigration controls should be used vigorously and unapologetically to protect Americans. You can hear the objections now: It would be xenophobic, it might stigmatize West Africans, those countries will object to our State Department that they’re being discriminated against.

The Dallas paper headlined a story today “[Ebola’s arrival in U.S. was inevitable, experts say](#),” which included this bit:

Dr. Edward Goodman, hospital epidemiologist at Texas Health Presbyterian Hospital, said he was not surprised that the Ebola virus came to his doorstep, given the number of cases in Africa.

There is “*plenty of opportunity for people to fly over and come to any part of the United States*,” he told reporters Tuesday.

Only if we allow it.

But we’re allowing more than that. As *The New American* [reported](#) early last month in “Barack Obama Is Bringing Disease to America,” Ebola may be the scariest disease threat resulting from the open-borders mentality, but it’s far from the only one:

The federal government has coerced schools into accepting possibly sick illegal-alien children. Writes the Daily Caller’s [Eric Owens](#), “The Obama administration has not subjected a large number of these children to proper medical screening processes. Instead, the federal government has sent the unaccompanied minors to various U.S. locations to live with relatives or, in some cases, to live as foster wards. The children then enroll in local, taxpayer-funded public schools with no questions asked — by law.” Professor of medicine at New York University’s Langone Medical Center Dr. Marc Siegel warned about this as far back as July, [writing](#) in *Slate*, “As many as 50,000 children, mostly from Central American countries ... are not being detained for the purpose of identifying illness, with Immigration and Customs Enforcement relying on self-report of symptoms, and many have



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already been sent to other states, where disease can spread.”

As for Ebola, a recent Center for Disease Control statistical forecast indicated that the virus could infect 1.4 million people in Liberia and Sierra Leone by the end of January. An estimate of how many of those will follow Thomas Eric Duncan’s footsteps in entering the United States was not provided.

Photo of Michael Savage: AP Images



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