Written by **Selwyn Duke** on October 13, 2014

Patient Number Two: Obama Fiddles While Ebola Spreads

No one as yet knows how the United States' second Ebola patient — the first believed to have contracted the disease on American soil — became infected. We know that the person, a female nurse at Texas Health Presbyterian Hospital in Dallas, picked up the disease from recently deceased Liberian national Thomas Eric Duncan, with whom she had extensive contact. We know she got sick despite wearing protective gear. We know that authorities say there was a breach of protocol, but can't yet identify what it might have been. Of course, this means other healthcare workers could have contracted the illness in like fashion, but perhaps are not yet exhibiting symptoms.

That can take up to 21 days.

Meanwhile, Centers for Disease Control chief Dr. Tom Frieden said that it is "deeply concerning that this infection occurred." Some would label this understatement, given how affected individuals can come into contact with numerous others before being isolated. As *The Guardian's* Tom Dart wrote, referring to the Dallas nurse:

> The woman was not among the 48 people officials are monitoring during the virus's 21-day incubation period who may have contact with Duncan and are so far asymptomatic. [Texas health commissioner David] Lakey said health officials were working to identify people who may have had contact with her once she started showing symptoms and as a result became contagious.
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> Frieden said that so far they had found only one such person, who was "under active monitoring", but "it is possible that other individuals were exposed".

And there's another cause for concern: If trained and equipped Western healthcare workers can contract Ebola — and the Dallas case is the second of this kind, the first occurring in Spain — some may wonder if the disease is more contagious than authorities care to admit. Writing of the Spanish case and speaking to the ease of transmission, Dart writes:

> Teresa Romero, a 44-year-old Spanish nurse, contracted Ebola after caring for a priest who had been repatriated from west Africa. She is being treated in a Madrid hospital and has told *El Pais* that she believes she may have made a mistake when taking off her protective suit, perhaps touching her face with her gloves.
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> Frieden said the second patient in Dallas has been interviewed but so far "that worker has not been able to identify a specific breach" which may have resulted in her exposure.

So one woman perhaps just touched her face with her gloves; the other hasn't a clue how she contracted Ebola. It's no wonder Dr. Frieden warned, "We know that even a single lapse or breach can

result in infection." But then there is something many critics do wonder:

With such apparent ease of transmission, why are individuals from affected nations still allowed entry into the United States?

Note that dozens of countries have already instituted Ebola-related travel/entry restrictions and thus far eight airlines have restricted flights to nations affected by the disease. And for good reason. As Steven Salzberg wrote at *Forbes*, "The Ebola virus has no treatment and no cure, although some promising research is under way…. According to the WHO, the Ebola fatality rate is 50%. This makes it one of the deadliest diseases known to affect humans."

Despite this, approximately 4,500 people who have been in the Ebola-affected nations — Sierra Leone, Liberia, and Guinea — still come to the United States every month. How many will be tomorrow's Thomas Eric Duncans? Does logic not dictate that it's only a matter of time before more infected individuals reach our shores?

Authorities say they're taking measures to detect Ebola among travelers, but to many these reassurances ring hollow. Georgetown University health professor Larry Gostin said that the government's response — taking travelers' temperature measurements, and giving them a health questionnaire and reading materials for "self-monitoring" — is ineffective, a political ploy designed to pacify the public. He added, writes Breitbart, "that he did not believe there was much evidence indicating that checking passengers for fever has successfully prevented anyone from traveling due to having contracted Ebola, and that some countries, now knowing of enhanced screenings, even provide passengers with medication on the plane to keep their temperatures down."

What would work, say figures as varied as Republican North Carolina house speaker Thom Tillis and far-left bomb-thrower Rep. Alan Grayson, is a travel ban. But most significant among a ban's proponents is Dr. Michael Savage, who, though best known as a talk-show host, also boasts a Ph.D. in epidemiology from the University of California, Berkeley. And as he quite colorfully said on a recent radio broadcast, writes WND.com (as previously reported in *The New American*):

> 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."
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> 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."
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> "You let nobody in from a country where you have a raging epidemic," he said, emphasizing "microbes do not discriminate."
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> "You isolate and you quarantine an entire nation, if necessary."
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> Savage addressed the argument that it's not practical to isolate an entire country or region.
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> "Is it practical to risk the spread of a killer illness?" he countered.

In response, authorities say that isolating Ebola-affected nations would frustrate efforts to fight the disease in them, increasing the chances of transmission to the United States over the long term. But to many critics this doesn't ring true. The Dallas nurse is in quarantine, as was Duncan before her, and no one said it would hinder efforts to treat them. Harvard Vanguard's whole Braintree office in Boston was temporarily quarantined on Saturday merely because one patient was suspected of having Ebola, and that man is still in isolation. No one claimed that the action frustrated efforts to safeguard those in the office or treat the sick patient. And the CDC's Frieden said himself that "the core of control" when

combating Ebola involves taking those who develop symptoms and "immediately isolating them to break the chain of transmission."

So if this policy is good enough on our shores, why has Barack Obama not applied it to protect our shores? Pundit and professor Thomas Sowell has a theory, writing that at a minimum, the president's failure "suggests that he takes his conception of himself as a citizen of the world more seriously than he takes his role as President of the United States. At worst, he may consider Americans' interests expendable in the grand scheme of things internationally."

How expendable? Given that Americans have already died from a disease, enterovirus D68, whose presence in the United States some attribute to Obama's refusal to enforce immigration law, many critics are wondering. They may point to Frieden's statement that "even a single lapse or breach can result in infection" and say that the lapse is the government's failure to prevent the redistribution of disease to America.

Then again, others might say the real lapse was on the part of Americans and occurred on November 4, 2008.

Photo shows police tape and a "No Trespassing" sign at the home of the Dallas nurse who contracted Ebola: AP Images