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| 1. Mark your confusion by highlighting or underlining anything you don’t understand. 2. Show evidence of a close reading (questions, connections, predictions, reactions, summarizing, clarifying, challenging, etc.). 3. Write a 1-page response. Possible Writer’s Notebook questions:  * How concerned should Americans be about the Ebola outbreak in Africa? Explain. * How should globalization (our increasing interconnectivity throughout the world) impact our ideas and habits? * Select any passage and respond to it. |

**What is Ebola and how do people catch it?**

Excerpted from Howard Bennett, *Washington Post*, September 23, 2014

Over the past month, you may have heard people talking about the Ebola virus. You may have also seen something about it on television, in the newspaper or on the Internet. The reason for this is because an outbreak of Ebola started in West Africa in March.

**What is Ebola?**

The Ebola virus was discovered in two African countries (Sudan and Congo, then known as Zaire) in 1976. The affected region in Congo was near the Ebola River, which is how the virus got its name. Scientists believe the virus spread to humans who had contact with the blood or bodily fluids of infected animals, including bats, monkeys, chimpanzees, gorillas, forest antelope and porcupines. There have been a number of Ebola outbreaks since 1976, but the current one is the largest. The Centers for Disease Control and Prevention (CDC) in Atlanta, Georgia, says the current outbreak could reach 1.4 million cases by early next year.

Symptoms include a sudden onset of fever, muscle aches, weakness, sore throat and headache. These symptoms are followed by vomiting, diarrhea and a rash. As the infection progresses, many people develop bleeding in the internal organs and outside openings of their body.

**How do people catch Ebola?**

Ebola spreads from person to person, but it is not as contagious as the flu or cold viruses. Influenza and colds are spread through airborne contact. This means the virus can travel from one person to another through the air. It usually occurs from a sneeze. Ebola can be spread among humans only through direct contact with the blood or bodily fluids (saliva, mucus, etc.) of an infected person. This can occur by touching the infected person or by touching objects (such as needles) the person has been in contact with.

**What is being done to stop the spread of Ebola?**

To stop the spread of the disease, the World Health Organization and the CDC have been working with the governments of the affected countries to treat sick patients and contain the virus. Patients with Ebola are isolated from other people. Doctors and other aid workers wear protective clothing to keep them from coming in contact with the bodily fluids of infected people. In some countries, schools have been closed and air travel has been stopped to prevent anyone who might be in the early stages of the disease from spreading it to other countries.

**Why are people so scared of the disease?**

Ebola is scary for two reasons. First, as with most viruses, there are no medicines that can kill it. Infected people are treated with fever control, intravenous fluids to prevent dehydration and other measures. Second, the way Ebola attacks the body makes it much harder for the immune system to kill the virus. Many people who get Ebola die from it.

**Ebola: The Dark Side of Globalization**

Excerpted from Trond Undheim, *Fortune*, October 20, 2014

You would think we would have learned to deal with globalization by now. Goods, services, people, and money, and occasionally, diseases, flow across borders at a staggering pace. Little can stop these flows. Not walls. Not presidents. Not health authorities.

People, however, remain quite rooted in their local communities. So rooted that when a global health scare comes along, we only react when somebody we know, in our country, or somewhere we know well, is affected. Most people’s identity is local, not global, and not even international. Perhaps we should be glad. It gives focus. We attend to what is near. Perhaps, therefore, most of us underestimated Ebola. In Norway, nobody reacted when a nurse on volunteer duty in West Africa contracted the disease, but when she arrived in the nation’s capital for treatment, everyone noticed. In the U.S., nobody winked until a person died in Texas.

One would have to wonder. Are hospitals prepared? How contagious is Ebola? When should we worry? Clearly, we should worry in some instances. We should worry about the population in West African countries. We should worry if we travel through places like Brussels Airport, with six African flights daily. We should worry about using public bathrooms as well as touching tabletops in such places. We should also worry about hospital emergency rooms in large cities with West African diaspora or meeting up with traveling health workers on leave from the crisis.

In truth, though, we shouldn’t worry too much. The probability of dying of Ebola, for most people, is likely lower than dying in a car accident. On the other hand, if health workers can contract it donning protective suits, and flight crews are grounded and an Ohio school is closed because an Ebola suspect walked through, even authorities are not all that relaxed. The reason is that the unknown factor with Ebola is not the virus itself, but people’s reactions to hearing about it.

In truth, Ebola is but the most recent example of the sting of globalization. We have created globalization — now we need to learn to live with it. Once Ebola was spread beyond a singular village, the disease was never going to stay put. Everybody should have known that. Moreover, once it was spread across one border, it was going to spread to the next. The risk of Ebola reaching Denmark is negligible, said a top Danish health official on 31 July, but this week Ebola is suspected in Denmark. Thirdly, once health workers started to get involved, the disease was going to spread to their countries of origin, too. This is simply common sense. Why, then, the sense of surprise?

The answer is simple. We may have understood globalization intellectually, but we have not digested its emotional effects, and we, for sure, have not yet experienced the full practical effect of its sting. The fallout of Ebola will be huge. The World Bank estimates $32.6 billion worth by end 2015. The tens of thousands of lives that will be lost, even in the best-case scenario, won’t fit on a monetary scale.

Next time, it will not be Ebola. Perhaps it will be a truly contagious disease, a flulike pandemic, or something else with high mortality rates and airborne transmission. If so, are we still going to allow the world to have a handful of collapsed states? Can we really live with the situation that there are some 20 countries in the world with virtually no working healthcare system with the capacity to stop or even manage an epidemic?

Interestingly, what the world agreed to as the UN Millennium Development goals which all expire in 2015 were formulated almost as moral imperatives: do not let these poor people in far off places suffer in silence. The opposite is true. As upcoming goals, we should enact basic sanitation, healthcare, governance in failed or collapsing states not simply because of moral concerns, but because of our own safety concerns. We live on one planet. That planet is connected. We now call it globalization. Get with the program.