

# Ebola idiocy and other (de)pressing matters: Part 1

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Since there is hardly a day that goes by without a good dose of mind-numbing idiocy about Ebola, we figured ACSH ought to weigh in now and then. After all, the worst “Ebola science” isn’t a whole lot different from half of the other stuff that poses as science that we dissect daily.

Here is our Part 1 challenge: Come up with something dumber than this, and we will all hand wash and wax your car.

**“Fearing Ebola, some US communities take dramatic steps”**

OK, this doesn’t sound too bad, only because the headline does not betray what’s inside. This left us with our mouths hanging open. Today’s “winner” is Portland, ME,

which apparently does not grasp the basic fundamentals of epidemiology—that you have to actually be exposed to something before you can catch it.

In this case, a teacher who had traveled to Texas for a conference was placed on a three-week paid leave of absence when she returned.

Why? Well, it makes perfect sense to those having the intellectual capacity of a box of Froot Loops. After all, the teacher made the reckless decision to stay in a hotel *ten miles* away from Texas Health Presbyterian Hospital Dallas—the hospital where Thomas Duncan died.

ACSH's Dr. Josh Bloom makes several points:

- “If you could get ebola from being ten miles from a hospital, it's time to get your affairs in order, since what's left of the country will look like ‘The Walking Dead’ within a month.”
- “One can only imagine the threat had she stayed only *five* miles from the hospital.”
- “And, it's a damn good thing that they put those paper things on the toilet seat after the housekeeper cleans the room.”

The reasons given for this idiocy: “parents or officials involved say they were acting out of an abundance of caution,” and “the bottom line is that there is risk.”

Dr. Bloom continues, “There is also a risk in taking the mayonnaise out of the refrigerator. It is certainly reasonable, if not downright likely, that a mayonnaise-seeking nuclear drone could be in the area, and the next thing you know you're graphite.”

If this sounds stupid (as it was intended to), it really isn't a whole lot worse than what happened in Maine.

Finally, he concludes, “Of course, part of this is a combination of media hysteria and less than superlative reasoning, but let's put some of this on CDC head Tom Frieden, who has changed his ‘expert opinions’ almost every day. First, he assured us that Ebola was essentially impossible to catch. Now he is backpedaling faster than Lance Armstrong.”

ACSH's Dr. Gil Ross noted: “If only the NFL had decided to quarantine the Dallas Cowboys on the same basis, you know, abundant caution, the New York Giants would still be 3-3. Oh well.”

Speaking of Ebola, we would like to give a shout out to Michael Shaw, who writes for HealthNewsDigest.com.

Shaw is not a big fan of the way our government handles things. This is an understatement.

Some examples: “The US Centers for Disease Control and Prevention (CDC) have been roundly criticized—and rightly so—for their handling of the Ebola matter...Now, for the scary part. We have heard from individuals at Texas Health Presbyterian Hospital, where Thomas Eric Duncan died—and other facilities—that they are not adequately trained to deal with Ebola.”

And, “Does this mean that they are not trained to handle such things as [antibiotic resistant infections], tuberculosis, and measles, either? Has the specter of Ebola suddenly shined—at long last—a dazzling spotlight on hospital infection control?”