

**By Harriet A. Washington, CNN**

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One of the many questions surrounding the revelation that Americans Kent Brantly and Nancy Writebol received a little-known, experimental serum for their Ebola infection is: "Why did we hear nothing about it earlier, and how did they gain access to it?"

Ebola has no cure, although potential medications and vaccines are in various states of development. The serum ZMapp, an experimental product of Mapp Biopharmaceutical, hasn't been tested in humans, which means it doesn't meet a primary requirement for FDA approval -- so its obscurity is no surprise.

The Americans managed to gain access to what more than 1,660 infected people in Guinea, Sierra Leone, Liberia and now Nigeria did not: medicine that seems to work -- although, of course, we don't know for sure yet. Some reports indicate they received ZMapp under the FDA's "compassionate use" rule, which permits untested drugs to be given to consenting patients who might otherwise die. This is a triumph of common sense and compassion over bureaucratic red tape.

One of the chief concerns about using unapproved medications is that we don't know what the risks are: The drug may not work, it may work with serious adverse effects, or it may prove as deadly as the disease. But as a doctor, Brantly understood the risks, and like him, Writebol had no other options. Most people with Ebola die.

Compassionate use is certainly ethically defensible. But apparently only three doses were available, and they were given to Westerners. The lack of broader access to ZMapp highlights what is often a very serious ethical failing.

Why didn't Dr. Sheik Umar Khan, the chief Sierra Leone physician who died while treating Ebola patients, receive this medication? Because another method of determining who gets medications is at work here -- the drearily familiar stratification of access to a drug based on economic resources and being a Westerner rather than a resident of the global South.

No health worker wants to intentionally deprive Africans of a needed drug. But informal medical networks, which Africans lack, connect well-to-do Westerners with information and drugs. In addition, the pharmaceutical industry has a history of declining to test medications for diseases of the tropical world, most of whose inhabitants cannot afford high prices.

