1. Intervention for Ebola
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Intervention for Ebola

**Introduction**

The Ebola virus disease is widely occurring disease due to epidemic nature and existence. This disease is most prevalent in the countries with a lack of economic stability and infrastructure, where poverty is more widely seen then the population itself of the country. The limitation of resources affects a country’s administration and infrastructure in most adverse manners. Hence, this research paper will explore the possible interventions for Ebola virus disease by identifying its emergence, occurrence, transmission, pathogenesis and prevention nationally as well as internationally on a global spectrum.

**Background/ History**

The first outbreak of Ebola virus disease, in 1976, simultaneously occurred in Sudan a place known as Nzara, where 151 people which were 54% of the diseased population died, and then in Zaire, Yambuku where 88% population died due to this disease (Khalafallah et al., 2017). This disease is named after a River which is situated near the village of Yambuku. The existing epidemic of Ebola happened recently in 2014, towards the West African side of the world. From there onwards it spread across the borders towards the Sierra Leone and Liberia, and then to Nigeria and Senegal. Therefore, due to this widespread, it got declared in 2014 as ‘Public Health Emergency of International Concern’ by the World Health Organization (WHO). It became a global threat from there onwards, and these concerns were justified through the challenges due to early diagnosis, lack of proper vaccines and treatments, the nature of poor countries which was endemic. The average fatality rate of Ebola virus disease is approximately 50% (Morse, 2017). The rate increased from 2015 onwards and continued to grow till 2018, doing much damage.

According to different types of researches and studies, it is inferred that Ebola virus disease has dominantly affected the areas or countries which are economically deprived. The limitation of resources affects a country’s administration and infrastructure in most adverse manners. While probing into the elements which are leading towards the extensive outburst of the disease, it helps in countering it in the developing countries. Many epidemiologists perceived Ebola virus disease as a challenge to the whole system of healthcare rather just a scientific threat. This view is favored through the widely varying rate of mortality that ranges from 20% in developed countries to 80% in developing countries (Morse, 2017).

**Discussion**

**Identification**

The exact definition of Ebola virus is non-existent, but it can be defined through the animal species or kingdom it belongs to, as it is from Filoviridae family. It compromises of three genera;  Marburgvirus, Ebolavirus and Cuevavirus, from the order Mononegavirales. Total five number of Ebola virus species has been recognized: Sudan, Zaire, Reston, Bundibugyo, and Taï Forest. The viruses which are connected with huge outbreaks in Africa are Sudan ebolavirus, Zaire ebolavirus, and Bundibugyo ebolavirus (Khalafallah et al., 2017). A recent outbreak in West Africa was instigated through Zaire ebolavirus, as this virus is also highly infectious among the five species. Due to this virus there occurred multiple outbreaks in Central Africa since 1976, with a 55%–88% death rate. A single-stranded non-segmented genome of negative-sense or pathological genomic RNA is contained by the Ebola virus (Ghazanfar et al., 2015).

**Transmission of Disease**

The definitive transmission of this disease is still not known by scientists or epidemiologists, due to the lethal nature of this virus and infrequency of human researches. However, the concurrent transfer of this disease takes place through two distinct ways; either it goes from human-human or from animal to human or from animal to animal (Ghazanfar et al., 2015). The transfusions through animals occur when a person is in contact with animal bush meat or direct contact with the primates carrying these infections, i.e., gorillas, chimpanzees, monkeys and fruit bats. The main way of transmission is still through human to human in intimate relations or exchanging bodily fluids which have more tendency of carrying disease to the external environment, i.e., blood, sweat and semen (Morse, 2017). It can also be transferred through breast milk, and also the mosquito bites, infected syringes or needles are the ways of transferring this disease from one person to the other. Anyway, this disease does not spread through water or air, but it can also be spread through direct contact with the dead body of a person who died of Ebola virus (Khalafallah et al., 2017).

WHO and the Center for Disease Control and Prevention (CDC) gave the recommendations, that individuals who are infected should be separated from each other for at least 21 days. This period of cultivation for Ebola virus is approximately from 2 to 21 days after the occurrence of initial infection. Recent researches have revealed that the transmission of Ebola virus ensues due to the high viral capacity of fluids occurring from the body. The infection remains in a person to the extent the virus is existent in the bodily fluids and blood of that person. A person with the prior disease occurrence, who has now totally recovered from this Ebola virus disease, is unable to spread it again. The Ebola virus has also been spotted in the ejaculation of the semen of a patient who has recovered, however, it is still not known if it can prevail through intercourse. Hence, the WHO recommends abstaining from sexual activities or to use the condoms for a time-span of approximately three months since the patient is healed from the disease.

**Clinical Symptoms**

The symptoms at the start of the disease of Ebola virus disease are headaches, fever, sore throat, and fatigue and muscles pain. After these symptoms, more symptoms include nausea, diarrhea, rashes, and vomiting, abdominal pain, shortness of breath, cough, and anorexia. The other symptoms may also include postural hypotension, confusion, edema and coma. In certain cases of Ebola virus disease, a rash develops of maculopapular nature after 5-7 days of the occurrence of symptoms (Ghazanfar et al., 2015). Whereas in severe cases, the person with the disease develops complications related to hemorrhagic symptoms, such that nose bleeding, mucosal hemorrhages, blood in stool, vomiting or coughing, ecchymoses, petechiae, irrepressible hemorrhage from venipuncture locations, convulsions, severe metabolic turbulences, shock, and failure of multiple organs. These are highly common causes for the mortality of the patients suffering from this disease. The symptoms occur at any point between 2 to 21 days. In the current outburst of this disease, gastrointestinal symptoms are frequently occurring (Khalafallah et al., 2017).

**Diagnosis**

The diagnosis of Ebola virus disease is possible only when the virus is reachable to the level of detections in the blood after the occurrence of symptoms for three days. A test report which is negative before this happening does not exclude the possibility of Ebola virus disease. IgM enzyme-linked immunosorbent assay (ELISA), polymerase chain reaction (PCR), antigen-capture ELISA, and virus remoteness are the investigative tests accessible for the diagnosis of a person who shows up the diagnostic center within the three days of the symptoms occurrence of the disease (Ghazanfar et al., 2015).

Antibodies of IgG and IgM are utilized for the later diagnosis during the disease sequence or after the retrieval. The findings of laboratory related to Ebola virus disease are eminent liver enzymes which include thrombocytopenia and leukopenia. Initially well-organized demagogic response with raised IL-1beta absorption and existence of IL-6 in a indicative patient is symptomatic of a worthy outcome, whereas a malfunctioning inborn immune-response with extreme activation of monocyte/macrophage through the relief of interleukin-10 enzyme, higher concentration of enzyme interleukin-1RA, lacking response of the antibody and higher neopterin after the onset of disease since few days is connected to a deadly result (Morse, 2017).

Rendering to a study, depletion of lymphoid and lymphopenia is related to the Zaire ebolavirus and is highly likeable due to apoptosis of lymphocyte via interactions of Fas/FasL enzyme. The extreme level of monocyte or macrophage instigation directs towards the “cytokine storm” which triggers the disseminated coagulation of intravascular cavity, vascular dysfunction, and hypotension, and it, therefore, results in the failure of multiple organs, vascular breakdown, and tremor. According to another researcher, the elevated levels of ferritin and thrombomodulin are highly connected with hemorrhage and death due to Ebola virus in the infected patients.

**Treatment and Prevention**

Treatment is possible through defining different preventions, medications and recommendations regarding the Ebola virus disease. Numerous drugs are now being investigated as defensive treatments for Ebola virus disease, these medicines include clomiphene, amiodarone, and chloroquine. Estimation took place, giving the rate of 2-8 % of exported patients from the highly infected countries, i.e., Africa, Native Americans, and Asian Americans, along with other 64 % of economically lacking countries (Ghazanfar et al., 2015). This induces a threat to the communities which are affected due to the travellers from the infected countries. These travellers are mainly from Muslim countries leaving for annual pilgrimage or doing Hajj. Therefore, screening the airports or seaports or land boundaries from the infection carrying people would be a huge controlling or preventative measure of the outbreak or epidemic. Although, this prevention is not possible without help from the international sources, or it is possible through the collaboration of global forces. There are other more extreme ways of combatting this disease in the countries who are not yet affected by its epidemic and that is there should be a ban on all type of the transportation; either human or goods transportation through any route. A study conducted in China used the basic reproductive number for calculating the number of people who were infected imported cases and they also explored the result of prevention by early interventions which lead towards the decrease in prevalence or duration of the outbreak of such viral diseases (Morse, 2017). Urgent measures taken in all the economically deprived countries will help in combatting the disease.

There are various barriers in preventing the disease control in the countries which are already affected by the epidemic. These hindrances include a disorganized and irresolute system of healthcare and prevention, sub-standardized conditions of sanitary, false stigmas and beliefs and poor practice of personal hygiene. Furthermore, the barriers which are involved in creating disruptions related to the implementation of the preventions include unavailability of basic necessities of life in such areas and countries, i.e., water, electricity, communication services among the healthcare personnel and lack of timely transportation facilities for the patients of this disease. The strategies must be devised by the chief authorities of the public health sector and a track record of all the available resources needed for the prevention of these diseases should be kept in order to advance the preventative measures in developing or destitute countries.

**Global Health and Communication**

The beginning of any disease control and prevention occurs through awareness, and this awareness is necessary to be created worldwide, as it is affecting the healthcare of the people all over the globe due to the nature of this disease which is virulent. Travellers from all over the world are the mere transmitters of diseases, just like they transfer their cultures and trends through them to other people and countries. Therefore, the travellers from the poor or developing countries may induce the germs or viruses from them to the countries where they are living. The global health is thereby affected due to the emergence of tourism and travelling due to business etc.

As the first step of the prevention program, the education and awareness of the people are significant in promoting the healthcare practices and eliminating the false beliefs and practices regarding such virulent diseases, which are associated with supernatural and non-existential forces. The education should be provided through every sort of media, whether it is print, social or digital media, and these mediums should educate people on the history, symptoms, mode of transmission, and the protection or prevention methods and significance of personal hygiene care. The interventions directed by the community and its leader will help in combatting the disease more effectively. However, WHO as a global leader will help in preventing the disease, as it coordinates and directs the authority on working on health-related issues internationally. A proper plan for implementing the emergency care, accurate surveillance, facilitating with adequate quarantine endurance, management of cases and tracing the occurrence is needed and no better provider of such plan than the WHO organization or other international organization which are working on the epidemic and health-related issues of the whole world.

Subsequently, training is an important factor in providing a plan for preventative measures and awareness. The healthcare provider is given the education and training regarding the areas of prompt diagnosis and the isolative phase of a potential patient who might be the carrier of the viral disease. They should also be taught for wearing protective personnel equipment and techniques for safe burial without any contact with the dead person. The adequate supply of products like, owns, gloves, masks, disinfectants and soaps, along with the safety precautions should be provided to especially the person dealing laboratory procedures and is performing pre-transfusion assessments (Morse, 2017).

**Conclusions**

Concluding the interventions for Ebola virus disease, it includes the control and prevention of the disease at federal, state and global level. The disease is virulent in nature which makes is easily portable or transmittable from human-human or from animal to human or from animal to animal. The transfusions through animals occur when a person is in contact with animal bush meat or direct contact with the primates carrying these infections, i.e., gorillas, chimpanzees, monkeys and fruit bats. The existing epidemic of Ebola happened recently in 2014, towards the West African side of the world. From there onwards it spread across the borders towards the Sierra Leone and Liberia, and then to Nigeria and Senegal. WHO and the Center for Disease Control and Prevention (CDC) gave the recommendations, that individuals who are infected should be separated from each other for at least 21 days. However, WHO as a global leader will help in preventing the disease, as it coordinates and directs the authority on working on health-related issues internationally. The infection remains in a person to the extent the virus is existent in the bodily fluids and blood of that person. A person with the prior disease occurrence, who has now totally recovered from this Ebola virus disease, is unable to spread it again. According to different types of researches and studies, it is inferred that Ebola virus disease has dominantly affected the areas or countries which are economically deprived. There are various symptoms of Ebola virus disease and it is not recognized by just two or three symptoms, and since it’s a progressive disease the symptoms increase day by day, i.e., symptoms occur at any point between 2 to 21 days. The limitation of resources affects a country’s administration and infrastructure in most adverse manners.

Multicultural Services for Native Americans

**Introduction**

Native people have an exclusive dwelling inside a society which is multicultural. The historical background of Native Americans in the United States varies a great deal from the people who arrived as an immigrant from various countries. Therefore, a primary goal for several Native Americans or indigenous people has been survival by isolation and separation and rather than pursuing an abode inside a multicultural country or society. People are mostly unaware of the fact that some state and the federal government have specified certain legal laws, moral rights and accountabilities towards the Native Americans or these indigenous people, not to the other populations in America. The services providers of humanity who work for and with the Native Americans are obliged to understand and apprehend the issues which are specifically related to these indigenous people in all-inclusive society with different cultures, race and ethnicities. This research paper will explore the distinctive status in the United States of Native Americans by discussing the concepts of theory and multicultural education, PEN3 model cultural beliefs & practices, culture assessment, multicultural communication, alternative health paradigms and global health and it will also examine the implications of the practice for their role and status in a multicultural society. This paper will begin with an outline of the social services with Native Americans, who are culturally knowledgeable, and then it will examine explicit problems or concerns such as sovereignty and historic trauma with which the workers of human services and social workforces should be acquainted with for serving the Native American population effectively.

**Discussion**

**Theory and Multicultural Education**

There are various theories of multicultural education used with regard to the continuation of certain trends proceeding from long times into the cultural practice of America. The further assertion of multicultural education is to be harmonious with the rudimentary democratic values and principles of valuable and equality in interpreting few fundamental ideas of the American cultural and social teaching into practice and it fosters cultural pluralism. Therefore three types of theories are identified as the theories of multicultural education; this includes conservative multiculturalism, liberal multiculturalism, and left-liberal multiculturalism. Subsequent sections will give a brief account of these theories (Soto et al., 2018).

1. The theory of conservative multiculturalism

The traditional viewpoint in multicultural education is related to the conservative theory. This theory believes that a multiculturism is a dividing factor and it also argues that the norms and conventions of a dominant and prevailing culture should be internalized. Primarily, conservatives are interested in the transfer of cultural heritage and fixed knowledge which is based on the preservation of social order. These conservatives are frightened by the presence of harmful or destructive thoughts which are under the cover of values like diversity, tolerance and pluralism and these values are fed on the myths related to multiculturism in the schools on federal or state level. These multicultural conservatives perceive culture as an essentialist, fixed and predetermined factor. The followers of this approach want to hope for integrating various people from the indigenous background into the society without majorly inducing the changes or alterations in society. These multiculturalists believe in the no change formula for the world.

1. The theory of liberal multiculturalism

This theory of liberal multiculturism is based on the intellectual equality of racial and ethnic backgrounds. It accepts that all the racial and ethnic groups are naturally and intellectually equal, regardless of their cultural or ethnic differences. The multicultural liberalists are respectful about the culture and ethnic dissimilarities; also they are supportive of the cultural sensitivity in educational curriculum and teaching, along with cherishing the cultural traditions. The education according to liberal multiculturalists suggests that the strategies, styles of learning, and integration of school and parents are essential to the education of multicultural liberalists. The teachers who are followers of liberalist multicultural theory apply the practices of this theory into their educational development and improvement, such that these teachers introduce certain aspects of cultural diversity into their teachings and are great supporters of bilingual education. The content taught to the student according to a liberalistic perspective includes various cultures and backgrounds. Therefore, teachers are supposedly ready to understand the multicultural force of students who are from diverse backgrounds i.e., Native Americans and they also should know how to communicate with the parents of these Native Americans (Soto et al., 2018).

1. The theory of left-liberal multiculturalism

This theory critically expands on the teachings and focus on educational programs and instructions of liberalist theory, including the demand for structural change in the system of education. This theory provides a cultural framework and background about the way of imbalanced supremacy associations that are preserved at an institutional and a structural level in everyday interactions. Various theorists have criticized contemporary societies and state that it builds pressures on one group or the other, thus they should be eliminated and the programs of multicultural education should be completely reorganized for reflecting the apprehensions of diverse cultural or ethnic groups. This viewpoint positions the educational believes and practices, i.e., class management, educational programs, and provision for balancing a class. It is normally is considered as per the requirements of all the students and recommends that a variety of students should be considered in all the possible aspects. Also, this perspective laid emphasis on the prominence of the membership of students in the school for making wide decision processes. It, therefore, indulges the minority parents or low social group children for participation. It also signifies the school’s participation in local projects of social actions and the contribution of groups which are nontraditional, for instance, people of dissimilar genders and races, also the disabled people.

**PEN3 Model**

To understand the cultural influence on the health and wellbeing of a society PEN-3 model was devised. Airhihenbuwa developed this model in 1989, in an answer to the deceptive exclusion of culture in order to explain the outcomes of health in current models and theories of health behavior (Alismail, 2016). The cultural model, PEN-3 integrates culture in the education of wellbeing behaviors, beliefs and outcomes. This theoretical model also dwells the culture at the central point of the implementation, development, and appraisal of effective interventions of public health. It further emphases on the part played by the culture as a linking network in which the actions and perceptions of individuals concerning the health should be defined and shaped, whereas recognizing that such actions and perceptions are helpful in constructing the beliefs related to health that are replicated for expressing their ethnic principles. Moreover, the cultural model of PEN-3 proposes a structural frame for centralizing the culture when describing the issues and problems related to health or wellbeing and outlining the possible solutions (Soto et al., 2018). These solutions are helpful in encouraging and rewarding the positive beliefs and values that are sustained positively, and not focusing only on adversely affecting values.

**Cultural Beliefs and Practices**

The belief and practices of every culture differ greatly based upon ethnicity or background. The Native Americans are culturally different and so are their practices, it is important for a social worker or an educator to work by reflecting on the belief system, world view and values which are essential according to the above-mentioned theories and models and they should be utilized within the framework of human services. The beliefs and practices of the social worker or the teacher should also be looked upon by the individual him or herself. The discipline of a practitioner forms the ways in which situations are interpreted and evaluated. For effectively working with the multicultural groups, a professional teacher or social worker must be efficiently equipped with cultural competence (Alismail, 2016).

There are three basic principles of cultural competence; adequate knowledge, self-reflective and aware of biases and reflection of knowledge with skills of practice. For developing self-reflection, the formation of creativity is important in an educator or social worker. They should be creative enough to reflect on their own cultural beliefs and practices and remove any biases which are in contradiction to the beliefs and practice of the Native Americans. These social workers and practitioners are to reflect critically on their beliefs and practice systems. Concerns about what is considered as an issue, the object of interventions, the basis of difficulties, suitable interventions, along with the anticipated consequences is all stranded into a specific system of beliefs and practices that is either similar or dissimilar to the client’s system of cultural beliefs and practices (Soto et al., 2018).

**Culture Assessment**

The cultural competence is possible through cultural screening or assessment, and it is done through the ways devised by social workers, healthcare professionals or educators for assessing the cultural values, beliefs, and practices of the patients that are utilized for better-individualized care, and also for achieving positive consequences (Alismail, 2016). Cultural assessment is essential for planning the care for the patients, so the nurses or healthcare professionals should be familiar with the dynamics of the culture and numerous ethnocultural groups of the United States. It is helpful for the nurses to create a generic approach, rather than taking virtual lessons for learning about diverse cultures (Soto et al., 2018). The rudimentary evidence for the cultural assessment for the patients is that they have a right to their cultural values, beliefs, and practices and that such factors should be respected, understood, and measured when given the care of cultural competence. It also refers to cultural embeddedness, that is the alignment of the patient with his native culture and it is important for the nurses or socials workers to be equally affiliated with the cultural beliefs regarding the patient.

**Multicultural Communication**

The communication in a culturally diverse population is essentially important but it is difficult in the context that people may not know the languages used by each other. Therefore, a culturally competent nurse or stoical worker must be aligned with the traditional language or at least they should be able to comprehend the language of the patient and easily make them understand the English language used by the nurses or social personnel (Alismail, 2016). Effective intercultural communication is possible through common communication patterns. Every culture or country has its own distinctive language, accent or ways of encoding and decoding messages. The people are connected through sharing these elements of languages with each other. The cultural sensitivity of a social worker or nurse practitioner is important while communicating with patients from diverse cultures and ethnicities. The people with cultural sensitive are easy to deal with than the people who are not culturally sensitive. Working with the multicultural patients is risky and dangerous as inadequate knowledge about the patient's cultural background and ethnicity or language will lead towards misunderstandings and pricy errors, including giving not an accurate diagnosis and also violating the ethical beliefs and practices of the patients, thus offending the patient and his sentiments(Alismail, 2016). Subsequently, it is necessary for a health or social worker to learn about the patient's cultural beliefs and sensitivity, this aspect is important in the provision of healthcare in multicultural societies.

**Alternative Health Paradigms**

Recently, in the healthcare industry, there is an influential shift of paradigm that revolutionizes the ways of healthcare provision. This shift is known as the alteration in the maintenance and control of disease and treatment or preventions in healthcare (Alismail, 2016). This shift is taking the healthcare control into the hands of the patients, rather than the physicians or nurses or hospitals. The healthcare delivery is moving from big offices or buildings into the homes or portable devices of the patients. The main driving force for the paradigm shift is due to the economic awareness of the healthcare cost to the consuming of healthcare insurances by the patients. The market is moving towards the reimbursement based on the worth or price along with the hasty alterations in the insurance of healthcare that created a vast link to the information to be delivered to the patients on the spot (Soto et al., 2018). The possibility of this alternative health paradigm occurred due to the advancement of technology and innovative smart devices.

**Global Health**

As the first step of the prevention program, the education and awareness of the people are significant in promoting the healthcare practices and eliminating the false beliefs and practices regarding such virulent diseases, which are associated with supernatural and non-existential forces. The education should be provided through every sort of media, whether it is print, social or digital media, and these mediums should educate people on the history, symptoms, mode of transmission, and the protection or prevention methods and significance of personal hygiene care. The interventions directed by the community and its leader will help in combatting the disease more effectively. However, WHO as a global leader will help in preventing the disease, as it coordinates and directs the authority on working on health-related issues internationally. A proper plan for implementing the emergency care, accurate surveillance, facilitating with adequate quarantine endurance, management of cases and tracing the occurrence is needed and no better provider of such plan than the WHO organization or other international organization which are working on the epidemic and health-related issues of the whole world (Alismail, 2016).

**Conclusion**

This paper began with an outline of the social services with Native Americans, who are culturally knowledgeable, and then it also examined explicit problems or concerns such as sovereignty and historic trauma with which the workers of human services and social workforces should be acquainted with for serving the Native American population effectively. This research paper further explored the distinctive status in the United States of Native Americans by discussing the concepts of theory and multicultural education, PEN3 model cultural beliefs & practices, culture assessment, multicultural communication, alternative health paradigms and global health and it also examined the implications of the practice for their role and status in a multicultural society. There are various theories of multicultural education used with regard to the continuation of certain trends proceeding from long times into the cultural practice of America. Therefore three types of theories are identified as the theories of multicultural education; this includes conservative multiculturalism, liberal multiculturalism, and left-liberal multiculturalism. The traditional viewpoint in multicultural education is related to the conservative theory. The theory of liberal multiculturism is based on the intellectual equality of racial and ethnic backgrounds. Further, the theory critically expands on the teachings and focus on educational programs and instructions of liberalist theory, including the demand for structural change in the system of education. Airhihenbuwa developed this model in 1989, in an answer to the deceptive exclusion of culture in order to explain the outcomes of health in current models and theories of health behavior. The belief and practices of every culture differ greatly based upon ethnicity or background. The communication in a culturally diverse population is essentially important but it is difficult in the context that people may not know the languages used by each other. Recently, in the healthcare industry, there is an influential shift of paradigm that revolutionizes the ways of healthcare provision.

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