

# Ebola Declared a ‘Threat To Peace and Security’

by Douglas DeGroot and Nancy Spannaus

Sept. 22—In the first-ever UN Security Council emergency meeting held to address a public-health crisis, the UNSC, on Sept. 18, called the West African Ebola epidemic a “threat to peace and security.” UN Secretary-General Ban Ki-moon and World Health Organization Director Dr. Margaret Chan presented their proposal for an international action plan of attack against the worst Ebola epidemic in history. One-hundred thirty member-nations then unanimously adopted a resolution, which determined “that the unprecedented extent of the Ebola outbreak in Africa, where the number of new cases is growing faster than relief workers can deal with them, constitutes a threat to international peace and security.”

However, the current spread of the epidemic at exponential rates is far outstripping the ability of the belatedly established international mobilization to contain the disease. A recent model developed by the Department of Zoology at Oxford University claims that 15 African countries in a heavily forested belt across the continent are at risk for Ebola, because of the reservoir of the virus in animal populations.

Ban stated after the meeting that the UN will deploy an emergency international health mission, the UN Mission for Ebola Emergency Response, or UNMEER, which he said has five priorities: “stopping the outbreak, treating the infected, ensuring essential services, preserving stability and preventing further outbreaks.”

But in an indication of the difficulty confronting the

effort to catch up to the disease, let alone get ahead of it, Bruce Aylward, Assistant Director General for Polio, Emergencies and Country Collaboration for the UN’s WHO, said in a Sept. 16 press conference in Geneva explaining the UN statement, that a nearly \$1 billion fund was necessary to keep the number of those infected with Ebola in the range of “tens of thousands.” “Quite frankly, ladies and gentlemen,” he said, “this health crisis we’re facing is unparalleled in modern times,” and, “We don’t know where the numbers are going on this.”

## Out of Control

Despite some “good news” headlines, such as that there have been no new cases in Senegal and Nigeria over recent days, and that the disease is not a threat to the United States, the reality is that Ebola is out of control. Scientists report that the number of cases is doubling every three to four weeks. There is no doubt that the number of cases, and therefore deaths, is being undercounted.

The reported death rate, however, remains at 50% or above. With more than 5,000 cases reported, over 2,600 people have died.

In addition, the spread of the disease, and the social disruption it causes, is leading to inadequate treatment for an array of other diseases, such as malaria, which are endemic to the impoverished countries at the epicenter of the Ebola outbreak—Liberia, Sierra Leone, and Guinea.

Dr. Kent Brantly, who contracted Ebola in Liberia and was flown back to the USA for treatment, testified at both hearings. He told the Senate hearing that “From the time I fell sick, just two months ago, the death toll has tripled.” Brantly added: “In nine months down the road, we are looking at hundreds of thousands, not just in cases, but deaths.”

## Obama’s Announcement

On Sept. 17, Obama announced a grossly inadequate initiative to send 3,000 troops, including doctors, to Liberia, to fight Ebola in the country, which is the worst stricken by the epidemic. A quarter million people could be infected by Christmas in Liberia alone, according to Laurie Garrett, a senior fellow for global health at the Council on Foreign Relations and a Pulitzer Prize-winning science writer. Garrett wrote Sept. 17 that only a global initiative carried out with extreme haste could reverse the situation, and keep it from spreading to many other countries.

Experts point out that the world is in uncharted waters right now, because Ebola has never spread to urban environments before, as it now has. Referring to the Obama proposal, J. Stephen Morrison, senior vice president at the Center for Strategic and International Studies, warned yesterday that “The mobilization that is happening is coming late, and it’s coming while exponential growth of the virus itself is just outstripping everyone.”

Obama’s proposal includes a \$763 million commitment over the next six months to have the Pentagon build seventeen 100-bed treatment centers, five of them in the Liberian capital, Monrovia. Obama’s proposal also called for U.S. military medical personnel to train 500 local health-care workers per week, as long as is necessary, and pledges to provide home-care kits to protect family members of those infected so as to slow down the rate of increase of infection, an acknowledgment that the Obama plan will not be able to contain the epidemic in the hospitals it pledges to set up.

The reality is, that, absent adequate action now, Africa is facing decades of the epidemic, which will eliminate any possibility of infrastructure building and economic development. Garrett briefed the Joint Chiefs on what was necessary to contain the epidemic, and stressed the need for speed. She said in a Sept. 16 article, that even after the Obama proposal, none of these efforts will be accomplished in September, and few will be operational by the end of October. She notes that

JCS chief Gen. Martin Dempsey has ordered maximum haste, but these things take time.

Garrett thinks time is running out, and fears dire consequences by year-end. She said that a “heroic, record-breaking mobilization is necessary at this late stage in the epidemic.”

## The Right Kind of Military Mobilization

There is no question but that a military mobilization is needed to stop Ebola, as has been called for by Doctors Without Borders and *EIR* (see Aug. 29, 2014 issue). The logistical capabilities for delivering field kits capable of identifying the virus, the creation of additional medical facilities, transport, and myriad kinds of support activities for the medical staffs, are urgently needed, as are highly trained personnel, able to work under combat-like conditions.

As Doctors Without Borders spokesman Brice de la Vigne put it Aug. 19, you need the resources (and leadership) to coordinate a response to a million people affected by an earthquake. There are 20 million people in the three major countries affected.

Unfortunately, there is reason to doubt that the military effort being mobilized from the U.S. will be up to the task. In his briefing Sept. 19, Pentagon spokesman Adm. John Kirby was questioned about what the role of U.S. military personnel would be. He stressed that “right now, the effort does not include U.S. military personnel treating Ebola patients.... They’re not doctors. They’re not nurses. they’re not trained for that and not equipped for that.

“The mission right now that General [Darryl] Williams has been assigned is one of engineering and support logistics. And I would say the word ‘support’ means a lot to us. We are supporting USAID and the State Department and also the government of Liberia in this particular case.

“Now, this is not a military-led operation. And so the mission itself as it’s defined is limited to those areas, and not direct medical care of patients. I’m not going to get into hypotheticals about what might or could change over time.

“We have unique capabilities. We try to stay as ready and prepared across those capabilities as we can. And if there should be a need in the future to change the mission, to modify it somewhat, then we’ll have that discussion. But there’s no discussion about that right now.”

Why wait, when so many lives are at stake?