

Two Different Approaches, Two Different Results in Fighting the Ebola Epidemic

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In recent weeks the Ebola epidemic in West Africa has slowed from a peak of more than 1,000 new cases per week to 99 confirmed cases during the week of February 22, according to the World Health Organization. For two countries that have taken diametrically opposed approaches to combating the disease, the stark difference in the results achieved over the last five months has become evident.

The United States, which sent about 2,800 military troops to the region in October, has announced an end to its relief mission. Most soldiers have already returned. Pentagon Press Secretary Rear Admiral John Kirby declared the mission a “success.” The criteria for this determination is unclear, as the troops did not treat a single patient, much less save a single life.

President Barack Obama proclaimed the American response to the crisis “an example of American leadership.” As is the case “whenever and wherever a disaster or disease strikes,” according to Obama, “the world looks to us to lead.” The President claimed that the troops contributed not only by their own efforts, but by serving as a “force multiplier” that inspired others.

Obama says the “American values” displayed “matter to the world.” They are an example of “what makes us exceptional.”

By virtue of American supremacy, apparently, these values are superior to those of people from any other nation.

When you look behind the President’s and the Pentagon’s rhetoric, it is difficult to find concrete measures of success. From the beginning, the capacity of American troops to make a difference in containing and eliminating a medical disease was questionable, to say the least.

In October, the *Daily Beast* reported that soldiers would receive only four hours of training in preparation for their deployment to Africa. That is half of a regular work day for people with no medical background. When they arrived, they did not exactly hit the ground running. “The first 500 soldiers to arrive have been holing up in Liberian hotels and government facilities while the military builds longer-term infrastructure on the ground,” wrote Tim Mak.

The DoD declared on its Website that

“the Defense Department made critical contributions to the fight against the

Ebola virus disease outbreak in West Africa. Chief among these were the deployment of men and women in uniform to Monrovia, Liberia, as part of Operation United Assistance.”

So, the chief contribution of the DoD was sending people in military uniforms to the site of the outbreak.

The DoD lists among its accomplishments training 1,539 health care workers & support staff (presumably non-technical and cursory); creating 10 Ebola treatment units (which you could count on your fingers); and constructing a 25-bed medical unit (for a country that has had 10,000 cases of Ebola).

USAID declares that “the United States has done more than any other country to help West Africa respond to the Ebola crisis.” Like the DoD, they are short on quantitative measurements and long on vague business-speak. USAID says they “worked with UN and NGO partners,” “partnered with the U.S. military,” and “expanded the pipeline of medical equipment and critical supplies to the region.”

USAID and other government personnel have clearly helped facilitate the delivery of equipment and supplies, but claims that the U.S. has done more than any other country are dubious.

By the end of April, all but 100 U.S. troops will have left West Africa. There will then be a transition to what Obama called the “civilian response.” This appears equally as vague as the military response.

The U.S. response did involve many people and several hundred millions of dollars, which is, indeed, more than most countries contributed. But an examination of the facts shows that the U.S. played mostly a supporting role, collaborating with other actors in the tangential aspects of the crisis. U.S. government employees were not directly involved in treating any patients. Their role was rather to help other health workers and officials on the front lines who actually did. To say this is an example of American leadership and exceptionalism seems like a vast embellishment.

The other country who has taken a very public role in the Ebola crisis is Cuba. Unlike the U.S., Cuba sent nearly 500 professional healthcare workers – doctors and nurses – to treat African patients who had contracted Ebola. These included doctors from the Henry Reeve Brigade, which has served over the last decade in response to the most high-profile disasters in the world, including in Haiti and Pakistan. In Haiti, the group was instrumental in detecting and treating cholera, which had been introduced by UN peace keepers. The disease sickened and killed thousands of Haitians.

Before being deployed to West Africa, all the Cuban doctors and nurses completed an “intense training” of a minimum of two weeks, where they “prepared in the form of treating patients without exposing themselves to the deadly virus,” according to CNN.

After Cuba announced its plan to mobilize what Cubans call the “army of white robes,” WHO Director-General Margaret Chan said that “human resources are clearly our most important need.”

“Money and materials are important, but those two things alone cannot stop Ebola virus

transmission,” she said. “We need most especially compassionate doctors and nurses” to work under “very demanding conditions.”

Like their American counterparts, Cuban authorities also recently proclaimed success in fighting Ebola. They used a clear definition of what they meant.

“We have managed to save the lives of 260 people who were in a very very bad state, and through our treatment, they were cured and have gotten on with their lives,” said Jorge Delgado, head of the medical brigade, at a conference in Geneva on Foreign Medical Teams involved in fighting the Ebola crisis.

The work of the Henry Reeve Brigade was recognized by Norwegian Trade Unions who nominated the group for the Nobel Peace Prize “for saving lives and helping millions of suffering people around the world.”

The European Commission for humanitarian aid and crisis management last week also “recognized the role Cuba has played in fighting the Ebola epidemic.”

For more than 50 years, Cuba has carried out medical missions across the globe — beginning in Algeria after the revolution in 1961 and taking place in poor countries desperately needing medical care throughout Africa, Asia and Latin America. They have provided 1.2 billion consultations, 2.2 million births, 5 million operations and immunizations for 12 million children and pregnant women, according to *Granma*.

“In their direct fight against death, the human quality of the members of the Henry Reeve brigade is strengthened, and for those in need around the world, they represent welcome assistance,” writes Nuria Barbosa León.

The mission of the DoD is one of military involvement worldwide. As Nick Turse reports in *TomDispatch*, U.S. military activity on the African continent is growing at an astounding rate. The military “averages about one and a half missions a day. This represents a 217% increase in operations, programs, and exercises since the command was established in 2008,” Turse writes. He says the DoD is calling “Africa the battlefield of tomorrow, today.”

Turse writes that the U.S. military is quietly replicating its failed counterinsurgency strategy in Africa, under the guise of humanitarian activities.

“If history is any guide, humanitarian efforts by AFRICOM (U.S. Africa Command) and Combined Joint Task Force-Horn of Africa will grow larger and ever more expensive, until they join the long list of projects that have become ‘monuments of U.S. failure’ around the world,”

he writes.

There are some enlightening pieces of information listed by the DoD as part of the “transition to Operation Onward Liberty.” The DoD “will build partnership capacity with the Armed Forces of Liberia” and will “continue military to military engagement in ways that support Liberia’s growth toward enduring peace and security.”

It is unclear what role the U.S. military will help their Liberian counterparts play, unless peace and security is considered from the perspective of multinational corporations who

have their eyes on large oil reserves, rather than the perspective of the local population.

The U.S. military, unsurprisingly, seems to be using the Ebola crisis as a pretext to expand its reach inside Africa, consistent with the pattern of the last seven years that Turse describes. The deployment of several thousand troops to West Africa can be understood as a P.R. stunt that is the public face of counterinsurgency.

U.S. troops are used as props. What may sound like a massive effort is little more than propaganda. The idea is to associate troops with humanitarianism, rather than death, destruction and torture. In reality, one doctor can save more lives than hundreds of soldiers. A true humanitarian mission would be conducted by civilian agencies and professionals who are trained and experienced specifically in medicine, construction and administration, not by soldiers trained to kill and pacify war zones.

In Liberia, as in most of Africa, Washington's IMF and World Bank-imposed neoliberal policies have further savaged a continent devastated by 300 years of European colonialism. Any U.S. military involvement in Liberia and elsewhere is likely to reflect the economic goals of the U.S. government, which is primarily concerned with continuing the implementation of the Washington consensus.

Karen Greenberg, director of the Center on National Security at Fordham Law, warned last fall about the dangers of using a "war on terror template" in response to a disease such as Ebola.

"Countering Ebola will require a whole new set of protections and priorities, which should emerge from the medical and public health communities. The now sadly underfunded National Institutes of Health and other such organizations have been looking at possible pandemic situations for years,"

Greenberg writes. "It is imperative that our officials heed the lessons of their research as they have failed to do many times over with their counterparts in public policy in the war on terror years."

This is the opposite of the strategy the Obama administration elected to take. It would be wise to question the alarming militarization of American foreign assistance. The continued expansion of the national security apparatus occurs at the direct expense of vital civilian agencies. The Cuban model is evidence of what is possible with an alternative approach.

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