

Ebola & American Intervention

In 2014, a highly contagious and deadly virus, Ebola, emerged in Western Africa, primarily in the countries of Liberia, Sierra Leone, and Guinea. The epidemic caught world health authorities off guard, ultimately killing thousands and threatening to develop into a worldwide epidemic. A broad range of organizations and politicians, from health care authorities and Doctors Without Borders to the World Health Organization and Liberian President Ellen Johnson Sirleaf, made dramatic appeals for American military intervention. The legacy of colonial ties affected the perceptions of responsibility for provision of assistance. The United Kingdom took charge of relief efforts in Sierra Leone, France in Guinea, and the United States in Liberia, a state founded in the 19th century by former African-American slaves.

After initially receiving criticism for acting too cautiously, President Obama responded by sending over 3,000 military personnel, mostly medics and engineers, to Liberia. It was the largest American intervention ever in a global health crisis. President Obama justified this decision by arguing that the United States had an ethical obligation as a leader of the global community to address the humanitarian crisis in Liberia as well as a security interest in controlling the epidemic in Africa so that it did not spread to the U.S. and other countries. According to President Obama, only the American military had the resources, hierarchical structure, and discipline to carry out such a largescale effort.

Objections to the “militarization” of this relief effort came in several forms. Conservative critics argued that militaries are for fighting and winning wars, not providing humanitarian assistance. Others argued the humanitarian effort could morph into security and military engagement. David Ridenhour, president of the National Center for Public Policy Research, worried that American soldiers could be faced with difficult moral dilemmas, such as “having to shoot unarmed, possibly infected Liberian civilians or allow Ebola to spread.” Some critics were concerned that U.S. military intervention jeopardized the principle of neutrality that health relief organizations try to maintain. Historian Andrew Bacevich argued that a military response to a humanitarian crisis, even if successful, would mask and perpetuate gross misallocation of resources toward building military capacity rather than address global health care needs.

Ultimately, the Ebola epidemic was brought under control in Liberia and the rest of Western Africa. The United States military built 11 treatment units and the government expended hundreds of millions of dollars in the relief effort. However, as *The New York Times* reported, there is limited evidence that these efforts played any significant role. Only 28 Ebola patients were treated in the 11 treatment centers built by the military. The number of new Ebola cases peaked at 635 the week after President Obama announced the military intervention, but dropped to just over 100 by the time the first medical unit was opened. By the time the additional units were operational, Ebola cases had dwindled to less than 50.



Discussion Questions:

1. Do you think the United States is ethically required to respond to epidemics and other health crises in foreign countries? Why or why not?
2. Should the U.K., France, and the U.S. have concentrated their relief efforts along historical colonial lines during the Ebola outbreak? In general, do the U.S. and other imperialist nations have particular ethical responsibilities to aid their former colonies? Explain your reasoning.
3. Do you think it is ethically permissible to deploy the U.S. military in humanitarian relief efforts? What are the potential harms and benefits of such a decision? Explain.
4. Do you think that President Obama's response to the Ebola epidemic was too cautious, sufficient, or too ambitious? What policy would you have followed if you were in his position? Explain your reasoning.
5. Many of the medical treatment facilities that were built by the American military were never utilized to treat Ebola victims. How, if at all, does this outcome affect your judgment of President Obama's response?

Resources:

Liberian President Pleads With Obama for Assistance in Combating Ebola

<http://www.nytimes.com/2014/09/13/world/africa/liberian-president-pleads-with-obama-for-assistance-in-combating-ebola.html>

The US military should be winning wars, not fighting Ebola

<http://www.spectator.co.uk/2014/10/the-us-military-should-be-winning-wars-not-fighting-ebola/>

AFRICOM's Ebola response and the militarization of humanitarian aid

<https://www.washingtonpost.com/blogs/monkey-cage/wp/2014/09/25/africoms-ebola-response-and-the-militarization-of-humanitarian-aid/>

The Rank Injustice of Sending U.S. Troops to Fight Ebola

<http://triblive.com/opinion/featuredcommentary/7059273-74/ebola-military-soldiers#axzz3HwLUQVDC>

Empty Ebola Clinics in Liberia Are Seen as Misstep in U.S. Relief Effort

<http://www.nytimes.com/2015/04/12/world/africa/idle-ebola-clinics-in-liberia-are-seen-as-misstep-in-us-relief-effort.html>

Authors:

Robert Moser, Ph.D. and Patrick McDonald, Ph.D.

Department of Government

College of Liberal Arts

The University of Texas at Austin