

The effectiveness of U.S. military intervention on Ebola depends on the government's will and vision to direct vast military resources towards a public health response.

Last month, the U.S. launched Operation United Assistance, consisting of 3,000 troops deployed to West Africa in order to tackle the spread of Ebola in that region. Sharon Abramowitz, Olga Rodriguez, and Greig Arendt look at whether or not U.S. military intervention is a good or a bad thing. They write that the U.S. military should learn from its mistakes in previous disaster response relief operations, such as in Haiti, and ensure that it operates an effective chain of command, communications, transport, and maintains food security in the region. They argue that a worst case scenario can still be avoided if the U.S. military pursues a population based strategy that diffuses resources and skills throughout the effected centres.



While the Obama Administration's pledge to deploy *Operation United Assistance* to battle the Ebola outbreak has drawn international approval, tremors of concern abound. My colleagues in the academic community and in key multi-lateral institutions and NGOs are quietly voicing important questions about the U.S. military's intentions, capabilities, and execution of responsibilities. What would the "militarization" of an Ebola response mean for the West African populations of Guinea, Sierra Leone, and Liberia? How is the presence of the U.S. military going to support – or complicate – local and international responses? And overall, is the U.S. military intervention basically "a good thing," or "a bad thing?"



These questions are all important, and answerable.

Lessons from Haiti's 2010 Earthquake Response



Consider the basic contributions proposed by the Obama administration. *Operation United Assistance* includes: the deployment of 3,000 U.S. military engineers and medical personnel to West Africa; the construction of seventeen 100-bed treatment centers, and the creation of an "air-bridge" to make transportation of healthcare workers and medical supplies into West Africa easier. The most important element of the U.S. military's intervention, however, is the commitment to train 500 healthcare workers per week in Ebola prevention, treatment, and containment within local communities. The training of local medical personnel is of particular significance because it remains unclear to observers what professions are represented among the deployed U.S. medical personnel, and whether or not they will be permitted to directly provide medical care for Ebola patients.

These commitments have been difficult to execute for reasons easily predicted by regional experts and local populations. *Operation United Assistance* has been stymied by poor infrastructure, including poor roads, the absence of a functioning electricity grid and water supply, and communications. All of these factors have been worsened by time and transportation delays caused by the equatorial West African rainy season, which dumps up to 400mm (15.8 inches) of rainfall per month (comparable to India and Bangladesh) on dirt roads and swollen rivers.

A brief review of the U.S. Navy's response to the 2010 Earthquake in Haiti shows both the possibilities and the limitations that have thus far inhered in a U.S. military-driven humanitarian response. The 2010 Haitian Earthquake was a 7.0 magnitude earthquake that affected nearly 3 million people and was reported to have killed nearly 160,000, and it prompted the largest humanitarian aid effort in history. In response, the U.S. Navy deployed over 10,000 Sailors and Marines as well as the *U.S.N.S. Comfort* – making the US military the largest contributor of personnel and supplies.



U.S. Army Africa, Joint Public Affairs Support Element, Joint Services Communications Element and 101st Airborne personnel supported by the 724th Air Mobility Squadron prepare to move people and equipment in support of Operation United Assistance near Pisa, Italy. The U.S. military is in support of USAID operations in response to the Ebola outbreak in West Africa. (U.S. Army Africa photos by Lt. Col. Michael Indovina)

In the initial response phase, the immediate goal was to save lives, provide relief to survivors, and coordinate response activity and communications with other organizations and the Haitian Government. Collapsed infrastructure posed a critical barrier to the execution of these tasks, and – as in Liberia — the military prioritized the building of roads and cargo arrival locations in order to improve aid relief distribution and logistical management. Subsequently, the military provided food, water, sanitation, and medicine to the nearly 1.7 million individuals in need of emergency care – a sum equal to 40 percent of the current Liberian population.

The limitations of the U.S. military response in Haiti were evident in the key areas of communications and the timing of the response. A [RAND analysis](#) noted that during the initial response, responsibilities and tasks were lost along the chain of command, and information was not gathered or reported. In the current Ebola outbreak, similar issues are emerging both within the military, and across U.S. partners involved in the Ebola response, including the Center for Disease Control, the National Institutes of Health, the U.S. Agency for International Development, and the State Department. The chain-of-command capabilities of the U.S. military are not being fully leveraged to support a robust epidemic response, local information gathering is insufficient and unsystematic, and communications capabilities are not being implemented to respond to the direct conditions that are contributing to Ebola's continued spread.

Ebola and the U.S. Military: A Capabilities Approach

With wisdom and sensitivity, the capabilities of the U.S. military can be leveraged to support the Ebola response in a far more relevant and supportive manner than it has thus far. Here's how.

Chain of Command: Local reports suggest that as the Ebola crisis gathers more attention, the chain of command within the country is fraying. New NGOs, donors, and military forces are arriving to provide disorganized humanitarian aid, while responsibility for managing the Ebola crisis is fragmented among multiple national government entities, each working in collaboration with different multi-lateral partners. The US military can offer guidance in sorting out the chain of command and serve as a good partner and ally to coordination efforts, while conscientiously refraining from competing with, and thereby disempowering, existing governing institutions. It can also strengthen ties between Ebola-affected governments, regional powers like Senegal and Nigeria, which have successfully contained the virus, and ECOWAS and the African Union.

Communications: To date, the Ebola response in Liberia has fallen short at the level of communications. Local populations report calling Ministry of Health and Social Welfare emergency hotlines for days at a time to report

people who have been exposed to Ebola, to request the movement of Ebola patients to treatment centers, and to report the presence of infectious corpses in their communities. This problem of non-response has persisted. The U.S. military, however, has an extraordinary mobile infrastructure for communications that can significantly expand the readiness of Ebola response. With the distribution of field radios, telephone and data networks, and the sharing of worldwide satellite communications through the [Defense Information Systems Network](#), poor urban and remote rural communities can be connected to centralized data collection and response centers that facilitate rapid response, promote the early identification and tracking of cases, and break the cycle of local infection and medical non-response that currently persists in Liberia.

Transportation: Remember Cary Grant and Ann Sheridan hopping onto motorcycles and Jeeps in the 1949 comedy *I Was a Male War Bride*? The military still has jeeps, motorcycles, and trucks, as well as helicopters, naval vessels, and water tankers, as well as a vast infrastructure of [geospatial mapping capabilities](#), mechanics, fuel depots, and spare parts to keep them supplied. In a resource-poor environment like post-conflict Sierra Leone, Liberia, and Guinea, these resources must be leveraged to facilitate center-to-periphery communication, reporting, and resource distribution.

Engineering and Construction: This capability is already being leveraged, although evidence suggests that the need to do so has come as a surprise to military planners. In recent weeks, engineers have overseen the leveling of acres of swampland and resurfaced the Roberts International Airport in Monrovia. These activities, however, do not maximize the full capabilities of even a limited U.S. military response to this epidemic. The U.S. armed forces have the [engineering capability to build](#) roads, runways, and limited public utilities, repair shipping ports and terminals, and maintain air transportation networks in Liberia and in surrounding countries. But they must be expanded, centralized, and coordinated with national government officials and local leaders in order to align with strategic epidemiological and medical objectives.

Water Purification: Every U.S. military branch has the capability to conduct bulk water purification using [reverse osmosis](#), with each unit capable of providing 600 gallons per hour of purified drinking water. The creation of a clean water supply, and the wide distribution of clean drinking water, can help alleviate the risk of infection from Ebola by supporting community-based hygiene practices. It can also help address current outbreaks of cholera, typhoid, and malaria that are occurring simultaneously, and complicating Ebola identification and response. If [Anheiser-Busch](#) is able to distribute fresh water to natural disaster victims every year, the U.S. military can do it in West Africa.

Food Distribution: As [food prices escalate](#) in Liberia and Sierra Leone, food insecurity is rising, along with [food hoarding and price gouging](#) behaviors. This poses a direct threat to efforts to contain the Ebola outbreak for two reasons. First, as individuals and families become food insecure, they will move from region to region in search of family members and communities who can provide additional food support. Greater mobility will escalate transmission of the virus. Second, hungry and food insecure populations often become riotous. If food insecurity remains unaddressed by the international community, chances are high that local populations will engage in violent actions against the government, against humanitarian aid workers, and against the U.S. military, thereby increasing the likelihood of a confrontational response.

The opportunities for intervention in food security need to be carefully calibrated against the local context of food production and food resilience. For example, one recent estimate predicted that in rural areas of Liberia, which is occupied by approximately 48 percent of the population, food supply is likely to remain relatively secure through the coming dry season. In urban areas like Monrovia, which hosts the majority of the population, however, food insecurity is likely to become an imminent critical issue; and quarantined communities, in particular, require food supports. Fortunately, most of the urban areas in both Sierra Leone and Liberia are situated along one of several “trunk roads” which, with repairs, can be made easily accessible to military vehicles. Using planning, foresight, transportation resources, and economic analysis, the possible acceleration of the Ebola epidemic due to food insecurity issues can be prevented.

Animal to Human Transmission Issues: The [Army Veterinary Corps](#) employs 700 veterinarians, of whose mission encompasses veterinary public health capabilities. Veterinary public health is necessary in implementing a regional response to the [animal-to-human transmission aspects](#) of the Ebola outbreak.

Security: In the event that civil unrest [emerges](#) all humanitarian missions demand an element of security in which [Judge Advocates General](#) interpret local security capabilities and customs and advise commanding officers on defensive postures and write the rules of engagement troops will follow. At the same time, US forces must avoid the appearance of “maintaining order” in a context in which doing so means propping up unpopular political administrations.

Speed of Response: The military has a high capability to respond *rapidly* to emergency conditions. Timing should not have been an issue in the military’s response to the Haiti earthquake, and it should not be an issue in response to the Ebola outbreak. Each branch of service can mobilize personnel and materiel for worldwide deployment both instantaneously and for prolonged campaigns in highly specialized ways:

- The U.S. Marines maintain [two floating battalions](#) aboard naval vessels, one each in the Pacific and Atlantic capable of 6-hour response times.
- In support of these forces, the U.S. Navy’s Mobility Sealift Command maintains [prepositioned material aboard 27 ships](#) strategically stationed around the globe, with each squadron carrying enough supplies to sustain 15,000 individuals for 30 days. It also maintains two hospital ships with Level-III treatment facilities and total combined patient capacities of 2,000 beds.
- The [Army similarly prepositions material](#) afloat, but also in strategically located depots in the US, Europe, Southeast and Southwest Asia.
- Through its [Air Mobility Command](#), the U.S. Air Force maintains squadrons of heavy lift aircraft (C-5, C-17, C-130) ready capable of delivering supplies and personnel to remote air bases and rudimentary airstrips.

How to Avoid a Worst-case Scenario

The answer to my earlier question is, rather unsatisfyingly, this: “The U.S. military intervention in the Ebola response might be good thing. It might also be just awful. Or it might have precious little impact whatsoever. It all comes down to whether or not the U.S. government has the will and vision to direct the military’s vast resources towards a public health response.”

Engaging meaningfully in public health emergencies will require new ways of thinking within the military, as well as the creation of new kinds of partnerships between the military and NGOs, local governments, and local populations. Ebola is a frightening disease, and the pace of new cases, and the absence of an effective containment strategy, has made the fear of Ebola among expatriates in the region far worse. As a result, many imagine a worst-case scenario in which frightened and inexperienced soldiers with disproportionate military capabilities are restricting the local population’s access to resources (e.g. medications, treatment centers, communications, and transportation). Any situation that posits a bunch of scared American kids with weapons against a sick and terrified local population in desperate need of resources is bound to end in a physical or even lethal confrontation. This type of situation must be avoided at all costs.

The best way to avoid this situation is to create a **population-based strategy** that (1) diffuses resources, skills, information, and Ebola containment strategies throughout affected population centers, and (2) integrates a population-based response into a clear chain-of-command structure that directs a medical and humanitarian response.

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Note: This article gives the views of the author, and not the position of USApp– American Politics and Policy, nor of the London School of Economics.

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About the authors

Sharon Abramowitz - University of Florida

Sharon Abramowitz is an assistant professor of medical anthropology and African Studies at the University of Florida. She is the author of [Searching for Normal in the Wake of the Liberian War](#), and is co-editor (with Catherine Panter-Brick) of the forthcoming book *Medical Humanitarianism: Ethnographies of Practice*. She can be contacted at <mailto:sabramowitz@ufl.edu>.



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Olga Rodriguez – University of Florida

Olga Rodriguez is an undergraduate senior at the University of Florida studying anthropology and health disparities. She plans to pursue an MD/PhD in medical anthropology. She can be contacted at rodriguez.olga@ufl.edu.



Greig Arendt

Greig Arendt is a former lieutenant in the U.S. Marine Corps. He currently works in the financial sector. He can be contacted at greig.arendt@gmail.com.



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