

Lesson Plan: For Whom the Bell Tolls: Can Isolationism Be Dangerous? Social Studies

Lesson Plan

Title	For Whom the Bell Tolls: Can Isolationism Be Dangerous?
Subject	World History
Grade(s)	9
Standards	CCSS.ELA-Literacy.RH.9-10.1 — CCSS.ELA-Literacy.RH.9-10.9 — LAFS.910.RI.4.10SS.912.W.7.7 — SS.912.W.9.5 — HE.912.C.1
Number of periods	5
Author credits	Robert Alicea
Keywords	Intervention/non-intervention, fascism, communism, epidemic/pandemic, isolationism, Neutrality Acts, Abraham Lincoln Brigade, American Medical Bureau, Doctors Without Borders, World Health Organization (WHO), Ebola hemorrhagic fever, quarantine, Centers for Disease Control (CDC)
Essential questions	What inspired Americans to volunteer to fight for the Spanish Republic? What was the ultimate consequence of U.S. Nonintervention Policy between 1936 and 1939? Why is the U.S. aiding African nations to contain the Ebola epidemic? What are the likely consequences of if U.S. does not help? Can isolationism be dangerous?
Synopsis	The student will combine analysis of the causes of World War II with an assessment of the ongoing epidemic in Africa to understand how U.S. foreign policy impacts the health and security of the world. This comparison will enrich student's understanding to the relationship between isolationism and national as well as global security. The medical aspect of both crises is presented primarily through the voices of the nurses, doctors, and journalists in the field. All of this will lead to a conclusion regarding the hazards of isolationism.
Standard Alignment(s) used	English Language Arts Common Core, Next Generation Sunshine State Standards for World History, and Health Education
Recommended Teacher Background	Teacher should peruse the 40 minute primer on the Spanish Civil War
Connection to other disciplines	Health Education, Reading. (This unit invites collaboration and assistance with Physical Education teachers in its CDC lesson, and the Reading Coach on an array of strategies. The Reading Coach can assist with preparing and implementing Read Alouds, Shared Reading, Viewing Guides, Think/Pair/Share, R.A.F.T. and Exit Slips.)
Number of class periods	5 days

Standards

Standards addressed	Objectives
CCSS.ELA-Literacy.RH.9-10.1	Cite specific textual evidence to support analysis of primary and secondary sources, attending to such features as the date and origin of the information
CCSS.ELA-Literacy.RH.9-10.9	Compare and contrast treatments of the same topic in several primary and secondary sources
SS.912.W.7.7	Trace the causes and key events related to World War II.
SS.912.W.9.5	Assess the social and economic impact of pandemics on a global scale, particularly within the developing and underdeveloped world.
LAFS.910.RI.4.10	By the end of grade 9, student will read and comprehend literary nonfiction in the grades 9–10 text complexity band proficiently, with scaffolding as needed at the high end of the range
HE.912.C.1 (This Health Education standard applies when CDC protocols for Ebola hemorrhagic are taught.)	Comprehend concepts related to health promotion and disease prevention to enhance health

Primary Sources

In two groups:

- **Spanish Civil War (SCW) group consists primarily of transcripts from the documentary film, *Into the Fire: American Women in the Spanish Civil War (2002)*. These are the words of medical staff and journalists who went to Spain during the civil war.**
- **Ebola group comprises speeches, news articles, websites, and news and documentary films addressing the outbreak of Ebola in West Africa.**

Special Note: The text complexity of the attached primary sources arises for the most part from the levels of meaning, structure, language conventionality and clarity, and knowledge demands. These qualitative factors will challenge the readers at and above level. **SCW Group:**

- Salaria Kea. “I was not a political person . . . “
- Esther Silverstein, “This hospital was full of patients . . . “
- Martha Gellhorn, “Women are standing in line . . . “
- Dorothy Parker, “I went to Spain and became a member of the human race.”
- Ruth Davidow and Evelyn Hutchins, “We said we went to Spain . . .”
- “Afterwards” from *War is Beautiful: An American Ambulance Driver in the Spanish Civil War* by James Neugass. 2008. p. 2-3. (optional for proficient independent readers)
- Excerpts from Franklin Roosevelt’s “Quarantine Speech” in 1937

Ebola Group (Given the volatile nature of the current crisis, the teacher will likely have to refresh parts of this group of primary sources):

- CDC Preventative Fact Sheet for Ebola. <http://www.cdc.gov/vhf/ebola/pdf/ebola-factsheet.pdf>
- Frontline (PBS) “Ebola Outbreak” Sep. 29, 2014 (run time 27:28) <http://www.pbs.org/wgbh/pages/frontline/ebola-outbreak/>

- “Living with Ebola fears” by Alexis Okeowo, New York Times.
- Dr. Joanne Liu, Int’l President of Doctors Without Borders, Special Briefing before the United Nations.
- Text of “President Speaks on Ebola” from the Centers for Disease Control”, Atlanta, GA Sept. 16, 2014
(*optional for proficient independent readers*)
- “President Speaks on Ebola” video with captions of speech from Centers for Disease Control, Atlanta, GA Sept. 16, 2014. <http://www.whitehouse.gov/photos-and-video/video/2014/09/16/president-obama-speaks-ebola>

Procedures

Procedures Day 1 of 5 Lead-in/Hook: A. Teacher could introduce the unit with an open discussion around the notion of whether or not we are our brother’s keeper. How far out beyond our families do our responsibilities go? What does it mean to be a “citizen”? At what distance do we isolate ourselves and stop caring about other people? To raise the possibility of a genuine affinity with the human race, walk them through the poem “No Man is an Island” by John Donne.

No man is an island,

Entire of itself,

Every man is a piece of the continent,

A part of the main.

If a clod be washed away by the sea,

Europe is the less.

As well as if a promontory were.

As well as if a manor of thy friend’s

Or of thine own were:

Any man’s death diminishes me,

Because I am involved in mankind,

And therefore never send to know for whom the bell tolls;

It tolls for thee.

—*John Donne*

Explain how the new unit will address this very important concept, and that by the end of the unit they will have considered this question from two different historical perspectives — the Spanish Civil War, 1936-1939 and the ongoing epidemic of Ebola in West Africa. Having raised the possibility that every person’s death in some way affects us all. Teacher introduces the topics of war, pestilence and famine – in other words, death on a massive scale. At this point students could mention examples of such occasions. They might brainstorm how these situations may have been avoided or curtailed. Encourage discussion of the timely issue of the Ebola Outbreak in West Africa. **The students should understand the expectation that, based on their comparison of the causes of WWII with the**

global impact of pandemics, they will ultimately form an opinion, however tentative, regarding the relationship between isolationism and national and global security.

Activation of Prior Knowledge:

On a prepared handout, pairs of students will take notes and write responses to teacher's mini-review and questions about the previous chapter on The Rise of Totalitarianism (1919-1939). Pairs of students should show their understanding of fascism, communism and democracy on their handout.

Introduction to Spanish Civil War:

Students can view the short 3-minute synoptic film excerpted from, "The Spanish Civil War" at <http://resources.albavall.org/>. Note: This video streams from VIMEO. Most other options come down from YouTube. After screening the 3-minute film with students the teacher can emphasize the role of the Neutrality Acts in preventing President Franklin Roosevelt from intervening on behalf of the Spanish Republic, the consequences of International Non-Intervention for other nations, and the aftermath of WWII.

Teacher will reemphasize the purpose of the unit with a **slide presentation** that combines aspects of both crises: the Spanish Civil War and Outbreak of Ebola in West Africa. See **Resource Companion Folder (RCF)**.

Assessment:

Students will fill out an "Exit Slip" indicating their impression of the slide presentation, and explaining the expectation of the unit.

Day 2 of 5

Background knowledge:

A. Teacher will open period with a pair of animated map sequences that visually show how the fall of Republican Spain was immediately followed by WWII in Europe:

Spanish Civil War at <https://www2.bc.edu/~heineman/maps/SpCW.html>

German aggression in WWII at <http://www.nationalarchives.gov.uk/education/worldwar2/theatres-of-war/western-europe/1939/index.htm>

Open discussion with time limit.

Introduction to the Abraham Lincoln Brigade and the American Medical Bureau to Save Spanish Democracy:

Teacher Read Aloud

In 1936 civil war erupted in Spain. The wealthy landowning elite together with the Catholic Church in Spain and elements within the military launched an overthrow of the government. The leader of this rebellion was Gen. Francisco Franco. Other nations, including the democracies of England, Belgium and France, met and decided to avoid involvement in this conflict. Their policy was called "nonintervention". The United States soon lined up with this policy, which included a ban on selling supplies to either side. Italy and Germany, on the other hand, immediately joined in support of Gen. Franco's war on the Spanish Republic.

Those who understood and feared the hazard of fascism saw the attack by the Spanish military against its own democratically elected government as a worldwide emergency. If fascism defeated democracy in Spain, it would go on to try the same thing in other countries, possibly even the United States.

Likeminded people from over 52 countries volunteered to defend Spain and stop fascism. Men of all races and many nationalities joined military brigades to fight for democracy. Approximately 2,800 American citizens came together in what would be known as the Abraham Lincoln Brigade. Many of these would volunteer to provide the essential medical support system for this combat force. These doctors and nurses likewise represented races and ethnic groups present in American society.

What inspired these Americans to risk their lives in a foreign country? Doctor Zachary M Stadt, for example, was "Incensed at the injustice manifest in the failure of world organizations to act to prevent war: Japan's invasion of China, Italian attack on Ethiopia, and the failure of the U.S. especially and other great powers to come to the aide of Republican Spain..." Around 30 percent of the volunteers were Jewish-Americans who understood all-too-well the threat of German fascism. African-Americans joined the brigade to fight against the fascist government of Mussolini, which had invaded Ethiopia in 1935.

Into this highly politicized war came the first American Medical Brigade comprised of five doctors, eight nurses, one

pharmacist, one bacteriologist, two ambulance drivers and one interpreter. They were immediately assigned into the Jarama front, east of Madrid. It was at this battle defending the road from Madrid to Valencia that the Abraham Lincoln Brigade received its “baptism of blood”. When the battle ended in February, the front held, but only about a hundred men of the Lincoln Brigade remained standing, two hundred were dead, and a multitude were wounded. These were transported back to the new military field hospital and into the care of their compatriots with First American Medical Brigade.

For almost two years the volunteers of the American Medical Brigades would care for wounded soldiers, civilians and prisoners in a failed attempt to save a nation fighting to be free. Along the way many journalists braved the danger of war to report the situation.

What you are about to read is part of this story told in the words of the nurses and reporters who went into harm’s way to prevent the spread of fascism.

Day 2 of 5 (cont’d)

Introduction to Spanish Civil War Primary Documents

Teacher passes out primary documents while mentioning from whence they came. (*Into The Fire* Documentary)

Teacher [models] reading for purpose; and responding to primary documents

Ruth Davidow, Nurse w/Evelyn Hutchins, Driver: When we said we went to Spain to stop fascism from coming here we meant it. I think we alerted the whole world to fascism. You know I remember the first Spaniard, a farmer, who said to me, “Wait. These people will get the real war because they are not helping us now. ” And they did. . . . We made a trip with an ambulance throughout the south, Evelyn and I, right when we came back. And what we did is we spoke to many school groups and churches and so on. [*I think Ruth is saying she and Evelyn tried to warn folks that war would catch up to us.*]

Evelyn Hutchins: We raised a lot of money for the refugees, for the children that were homeless, whose parents were killed. Spain was falling by inches and It was horrible. It was sad to see it lost. [*This does not imply that it led to WWII. Is the war already lost?*]

Ruth Davidow: We tried on that trip to make everybody understand this is the beginning of the Second World War. Don’t believe that you’re going to get away from it. Don’t believe that we’re going to be isolated. Be aware that we are going absolutely straight toward the Second World War. [*She’s predicting that this will be a cause of WWII. Does this sound like she thought we should prepare for war?*]

Students work with primary documents:

After modeling, the teacher will explain the first part of the activity: Students will divide their paper into four sections. Students will read the four documents. Students will write on their own paper what they found important about the consequence of non-intervention Students will write questions about the readings.

Allow time for student reading.

Teacher assigns groups of four.

Teacher explains group work.

groups are tasked with focusing on one or two of the four documents students share their ideas and questions, and make notes students prepare to share with class

Allow time for group work, walking about, monitoring and assisting.

Assessment:

Teacher invites members of the individual groups to speak about what questions they had, what came up, what they learned, what they still wanted to know.

End the class by posing the specific question of whether or not the U.S. should have intervened in the defense of the Spanish Republic. Extend the discussion to draw out/encourage their understanding of possible connections to the current crisis in Africa.

Day 3 of 5

Introduction to Franklin Roosevelt’s “Quarantine Speech” in 1937 emphasizing the extended metaphor and its correspondence to the impact of global pandemics in our time. A. Teacher displays speech to share the

reading

“It seems to be unfortunately true that the epidemic of world lawlessness is spreading. When an epidemic of physical disease starts to spread, the community approves and joins in a quarantine of the patients in order to protect the health of the community against the spread of the disease . . . Yet, the peace of the world and the welfare and security of every nation is today being threatened by that very thing . . . War is a contagion, whether it be declared or undeclared. It can engulf states and peoples remote from the original scene of hostilities. We are determined to keep out war, yet we cannot insure ourselves against the disastrous effects of war and the dangers of involvement. We are adopting such measures as will minimize our risk of involvement, but we cannot have complete protection in a world of disorder in which confidence and security have broken down.”

Teacher will point out that this was an attempt to raise support for U.S. cutting off relations and isolating the Axis Powers (Germany, Italy and Japan), and had nothing to do with directly intervening in the Spanish Civil War. The speech was not effective in turning America away from isolationism.

Teacher will focus and expand on the extended metaphor and on the concept of “welfare and security of every nation”

Introduction to Doctors Without Borders (Médecins Sans Frontières).

The teacher reads aloud the organizations mission statement:

“Doctors Without Borders/Médecins Sans Frontières (MSF) is a private, international association. The association is made up mainly of doctors and health sector workers and is also open to all other professions, which might help in achieving its aims. All of its members agree to honor the following principles: MSF provides assistance to populations in distress, to victims of natural or man-made disasters, and to victims of armed conflict. They do so irrespective of race, religion, creed, or political convictions. MSF observes neutrality and impartiality in the name of universal medical ethics and the right to humanitarian assistance and claims full and unhindered freedom in the exercise of its functions. Members undertake to respect their professional code of ethics and maintain complete independence from all political, economic, or religious powers. As volunteers, members understand the risks and dangers of the missions they carry out and make no claim for themselves or their assigns for any form of compensation other than that which the association might be able to afford them.” (<http://www.doctorswithoutborders.org/about-us/history-principles/charter>)

Teacher should point out specific phrases, i.e. “natural or man-made disasters”, “victims of armed conflict”, “claims of unhindered freedom”, “complete independence”, and especially, “the right to humanitarian assistance”.

Introduction to Ebola

Teacher will handout a viewing guide and instruct students how to complete it.

Students view PBS Frontline’s “Ebola Outbreak” (27 minutes) <http://www.pbs.org/wgbh/pages/frontline/ebola-outbreak>.

Assessment:

This is a powerful and compelling program likely to evoke heartfelt responses to the stark reality depicted. Teacher could employ think/pair/share exercise R.A.F.T. and/or an Exit Slip with a few specific prompts.

Day 4 of 5

Recap and Prevention Simulation

Teacher recaps the discussion of the previous day.

Teacher explains that for the remainder of the period no one is to touch anyone else, thus simulating standard prevention procedure in places where Ebola is spreading. Emphasize the seriousness of this exercise by speculating on the possibility of Ebola coming to America. (It already has.)

Introduction to Ebola primary documents

Teacher will read aloud text of the “Special Briefing before the United Nations.” by Dr. Joanne Liu, Int’l President of Doctors Without Borders. Reading at a fluent pace, while pausing or even backing up to model metacognition, the teacher will demonstrate comprehension of complex text. Teacher will ask questions of the text. Teacher will ask students to interrupt for clarification, explanation.

Teacher will model prediction. Teacher will coach students to guess where the narrative is taking them.

Students work with primary documents

Teacher will hand out copies of “CDC Ebola Factsheet” to each student.

Teacher points out how document is organized under subheadings of “Transmission”, “Signs and Symptoms”, “Risk of Exposure”, “Diagnosis”, “Treatment”, and “Prevention”.

Teacher pairs students and hands out an open book Questionnaire on the “CDC Fact Sheet”.

Allow them to collaborate on the Questionnaire. Advises students they are still simulating prevention protocol.

Teacher collects “CDC Fact Sheet” and the Questionnaire.

Teacher opens discussion about success/failure of the prevention simulation

Assessment:

Teacher distributes copies of “Living with Ebola fears” by Alexis Okeowo. Students will independently read this article and write an impressionistic response regarding social life in Nigeria on reverse side.

Optional simulation

Teacher reviews prevention protocols Teacher leads class into commons area Students move about the commons maintaining six foot distance from everyone else.

Day 5 of 5

Review:

The “no touching” rule is still in effect for first part of the period. Lift the rule when forming groups. If optional simulation was implemented, the Teacher can ask for impressions of the effects of the activity

View animated maps

Teacher explains how animated maps compare the way two crises spread. German aggression in WWII at <http://www.nationalarchives.gov.uk/education/worldwar2/theatres-of-war/western-europe/1939/index.htm>

• “How Ebola Outbreak Spread through Africa” <http://www.pbs.org/wgbh/pages/frontline/health-science-technology/ebola-outbreak/map-how-the-ebola-outbreak-spread-through-africa/>

Review the week’s work.

Teacher will repeat the PowerPoint presentation from Day 1 showing the various combinations of images relating to both the Spanish Civil War and the Ebola Outbreak.

Teacher will solicit suggestions of possible similarities and differences

View “Presidents Speaks on Ebola”

Teacher distributes viewing guide for “President Speaks on Ebola” video at <http://www.whitehouse.gov/photos-and-video/video/2014/09/16/president-obama-speaks-ebola>

Students view video and complete viewing guide.

Culminating Assessment:

Teacher distributes a form for a four-paragraph framed essay. (Find form with explanation in **Resource Companion Folder**.)

Students will write to demonstrate an understanding of how non-intervention in the Spanish Civil War may have led to war around the world how U.S. leadership of international intervention may prevent Ebola from spreading around the world how wars and pandemics are similar and yet different whether or not isolationist policies of U.S. can endanger its own welfare and security as well as that of the world.

Teacher will close out with open discussion of the unit.

Appendix “A” Primary Sources

Spanish Civil War Group

Ruth Davidow, Nurse w/Evelyn Hutchins, Driver: When we said we went to Spain to stop fascism from coming here we meant it. I think we alerted the whole world to fascism. You know I remember the first Spaniard, a farmer, who said to me, “Wait. These people will get the real war because they are not helping us now.” And they did. . . . We made a trip with an ambulance throughout the south, Evelyn and I, right when we came back. And what we did is we spoke to many school groups and churches and so on.

Evelyn Hutchins: We raised a lot of money for the refugees, for the children that were homeless, whose parents were killed. Spain was falling by inches and It was horrible. It was sad to see it lost.

Ruth Davidow: We tried on that trip to make everybody understand this is the beginning of the Second World War. Don't believe that you're going to get away from it. Don't believe that we're going to be isolated. Be aware that we are going absolutely straight toward the Second World War.

Salaria Kea, Nurse: I was not a political person. You see, we shifted too much. See, I didn't know about fascism. Here's the thing that brought everything to me. It was the way Germany was treating the Jews. I never really thought that white people do against white people because we don't look at you as French or Italian because you're white. I met a lot of Jewish people who had left Germany and they told us about what Hitler was doing to them. It was like the Ku Klux Klan. So now we're matching what is happening in Germany to the Jews to us here in the United States. So I went downtown to this meeting and the meeting was all these people from foreign countries, and they said to me that they hoped to go to work for the Republican side. So they said, "would you like to go with us?" And I said yes. The next thing I knew I was accepted to go to Spain.

I was with the Second American Medical Unit, the lone representative of the Negro race. The Negro men who fight for loyalist Spain never tire of telling how they celebrated when they got the news that the Medical Unit included a Negro nurse. I was so excited over going to Spain I did not realize that many other Negroes had already recognized Spain's fight for freedom and liberty as apart of our struggle too. At least a hundred young Negro men were already fighting Hitler and Mussolini's forces here in Spain. . . . I understood exactly what fascism was while I was there, and my intention was to go any place where I could help. I couldn't live with myself today if I hadn't gone then, knowing what happened. After that, WWII started. I couldn't live with myself knowing that I didn't go and help those people.

Martha Gellhorn, Journalist: Women are standing in line as they do all over Madrid, quiet women dressed usually in black, with market baskets on their arms waiting to buy food. A shell falls across the square. They turn their heads to look and move a little closer to the house. But no one leaves their place in line. After all they had been waiting there for three hours and the children expect food at home. Now people are leaning close against the houses and the shells are falling so fast that there is almost no time between them to hear them coming. Then for a moment it stops. An old woman holding a terrified little boy by the hand runs out into the square. She's in the middle of the square when the next one comes. A small piece of twisted steel sprays off from the shell. It takes the little boy in the throat. The old woman stands there holding the hand of the dead child and men run out toward her to carry the child. At the side of the square is a huge brilliant sign, which says, "Get out of Madrid!". . . . In our time there has been no spectacle as tragic in which the moral issues were clearer. To see Spain go under, and with it those few ideals that are worth living and dying for seems to me a misery that we are not going to get over easily. When I think of how the people have suffered for what they believed, the guilt of all of us, the three great democracies, is like a personal sin. I wouldn't mind losing a war that we all fought honestly because we had to, because the fighting would keep the belief alive somewhere, but to sell out, to give up, to stand aside before such injustice is the worst defeat there is.

Esther Silverstein, Nurse: We went on to Huete the English base hospital. This hospital was full of patients, all freshly wounded from the Segovia front. And the first days there were very busy ones. My first morning on duty I did eighty dressings by myself. We only had one doctor, and he was working in the operating room the greater part of the time. And so we saw what had to be done and did it. (16:24) On the fourth of July an ambulance came to the hospital for me and we set off for Madrid. On the Escorial road we found our road almost completely blocked by troops and transports of all sizes and shapes all moving up to the front in complete darkness and in almost complete silence. We were allowed to pass only upon showing our safe conduct passes and shouting, "ambulance" at intervals. About four o'clock in the morning we reached our destination, the convent near the village near El Escorial about fifty kilometers from Madrid. I was assigned to the large ward of the hospital and to the team of one of the surgeons and the next day the attack started. That was the attack of Brunete and it was estimated we had twenty thousand killed and wounded on that front, about five thousand that came through our hospital. There were five teams working and the mixture of nationalities made the tower of Babel a mild invention. We counted one day and there were at least twenty. We had two doctors who did transfusions, one was French and one English. There were English, Czech, Spanish and New Zealander surgeons. American, English, Spanish and Hungarian nurses, Polish first-aid men. The object of the game was for everyone to learn Spanish as quickly as possible. It was in El Escorial I took care of my first wounded

American. He was a machine gunner from the 15th International Brigade. And he was very badly wounded and later died. He was young and blond and from Ohio and had lots of spunk. I helped to dress his wound and then went outside and cried. . . .The Americans who came to Spain were sincere anti-fascists. They represented a cross-section of American life. The Chief-of-staff of the 15th Brigade was a Ph.D. from the University of California. And the Political Commissioner was a seaman from the waterfront of New York City. And they both did their jobs well and fought side-by-side with the Spanish soldiers.

Dorothy Parker, Journalist: I went to Spain and I became a member of the human race. I met the best people anyone ever knew. I have never seen such people before. It is impossible to feel sorrow for what happened to the loyalist in Spain. To be sorry for those people? No. It is a shameful strutting impudence to be sorry for the noble. But there is no shame to honorable anger, the anger that comes and stays against those who saw and would not aid, those who looked and shrugged and turned away.

War is Beautiful: An American Ambulance Driver in the Spanish Civil War, by James Neugass. The New Press. 2008. p. 2-3.

Afterwards

It is possible to walk down New York streets without being shot at, to work without listening to sirens, to sleep in a bed and to take many showerbaths. There is much food to be bought and the water is good to drink. All over New England are weekend lakes each with its sunlight, birches and pines, canoes, laughter and sunsets. Along the seacoast it is possible to be in the sand and later, when the light begins to fail, to look out over the ocean towards Spain until vision melts into darkness and night blinds the eyes.

Four shellshocked infantrymen stood solemnly at the side of the road, powerless as mileposts, to dig for their comrades who had just been buried by a shell. Captain R. lost his hand-knotted winter socks when the laundress blew up in her home with her father, mother and two small brothers. We took the blood out of four asphyxiated cavalymen before they were cold and ran it into the arms of the wounded. We did not talk of women, we did not dream of women, and there were no dirty jokes. Acorns, olives pulled off the trees by moonlight and wild onions taste good. No surgeon has amputated a hand so neatly as a bomb sheared the suede gloved wrist of a nurse. Lieutenant E. had his teeth fixed in Barcelona for ten packages of Luck Strikes.

Was it really true that the English anti-tank company had cut a week's firewood with explosive shells when there were no axes? How is it possible for a driver to keep on the road for sixty hours and why is it possible to sleep on the wheel without crashing? How had the Companies of Steel in the early days stopped tanks, planes and cavalry with their big hearts and bare hands? Why did the wounded lie so still and seldom cry out? Why did the sight of an old woman at midnight far from any town hobbling her way towards the Rear affect us more than rows of dead?

How could so little hatred have been possible? Quietly the newspapers in the cities talked of "the Invaders" or more simply, of "Them." No one read or spoke of the "enemy" or of "the fascists." Since hatred was the daily business of life since They always performed exactly as we knew They should, there was little anger no fists brandished at the sky no loud-mouthed radio denunciations no cursing in the streets or up at the lines unless a very close friend got what all of us, sooner or later, knew he would get.

If there were bombs I did not hear them. Medals, reviews, gold braid and dappled neurotic martial horses had always been missing and were not regretted. There was little saluting in the cities and less at the front. We had the best semi-professional army ever to be wholly recruited, trained and seasoned against the wish and with the opposition of most the War Nations, during wartime in Europe. Hungry for Their infantry, our steel jaws could snap only at the air. Our ravenous squinting eyes so seldom sighted down the barrels of our rifles anything that was human. We always had the feeling of having our hands held behind our backs. The Republic was flogged like a horse tied up short at the head of enemies it could not reach.

We killed naturally and with constant gnawing desire to kill more and more, but we hated death and war and we could never manage to think of ourselves precisely as soldiers.

Excerpt from Franklin Delano Roosevelt's Quarantine Speech in 1937"

"It seems to be unfortunately true that the epidemic of world lawlessness is spreading. When an epidemic of physical

disease starts to spread, the community approves and joins in a quarantine of the patients in order to protect the health of the community against the spread of the disease . . . Yet, the peace of the world and the is today being threatened by that very thing . . . War is a contagion, whether it be declared or undeclared. It can engulf states and peoples remote from the original scene of hostilities. We are determined to keep out war, yet we cannot insure ourselves against the disastrous effects of war and the dangers of involvement. We are adopting such measures as will minimize our risk of involvement, but we cannot have complete protection in a world of disorder in which confidence and security have broken down.”

Ebola Group

“Living with Ebola Fears”, by Alexis Okeowo. *New York Times*. Oct. 1, 2014

From Lagos (Nigeria) to Freetown, Sierra Leone, and even in Monrovia, Liberia, a majority of people are carrying on with life as usual — albeit with some modifications. Most people I know now carry hand sanitizer around and religiously cleanse several times a day; they know that, in contaminated areas, chlorine can be used to kill the virus; and, before being allowed to enter public buildings, they submit to checks by security guards armed with “temperature guns” that detect a fever. On a recent excursion to a nightclub, a guard put one of these devices to my head and then told me I had “passed”; at the entrance we were required to take hand sanitizer from a dispenser just to be sure. And in a crowded city of 21 million, we try to touch one another as little as possible (try, anyway). A low level of paranoia is contagious: After a few days of little sleep, I felt slightly sick. Despite the unlikelihood, I immediately wondered if I had caught the virus.

Still, we have our weddings, our celebrations and our gatherings of grief, in the same spirit of mutual joy and pain. Americans and Europeans, following the crisis from afar, don’t seem to understand this. To many of them, Africans seem to be little more than vessels of disease, things to be feared and pitied. After a man plunged a syringe filled with an unknown but seemingly harmless substance into a United States air marshal at the Lagos airport — an apparently random crime by someone who may be mentally ill — the American news media breathlessly speculated about an African terrorist infecting himself with Ebola and spreading the disease abroad.

From my base in Lagos, it is also difficult for me to imagine the horrors that families have experienced, in the villages and city quarters where Ebola has wrought the most havoc. I can only try to feel their confusion and hurt, emotions I would feel had, by a twist of fate, their home been mine. Now that the first Ebola case has been confirmed in the United States, in Dallas, there’s a growing sense that Ebola is not just Africa’s problem.

September 2, 2014

United Nations Special Briefing on Ebola

Statement by Dr. Joanne Liu, MSF international president

Mr. Deputy Secretary General, Mr. Under-Secretary General, Madame Director General, Mr. Special Coordinator, Distinguished Delegates, ladies and gentlemen.

Thank you for this opportunity to brief member states on the **Ebola** epidemic in West Africa.

Six months into the worst Ebola epidemic in history, the world is losing the battle to contain it. Leaders are failing to come to grips with this transnational threat.

In West Africa, cases and deaths continue to surge. Riots are breaking out. Isolation centers are overwhelmed. Health workers on the front lines are becoming infected and are dying in shocking numbers. Others have fled in fear, leaving people without care for even the most common illnesses. Entire health systems have crumbled.

Ebola treatment centers are reduced to places where people go to die alone, where little more than palliative care is offered. It is impossible to keep up with the sheer number of infected people pouring into facilities. In Sierra Leone, infectious bodies are rotting in the streets.

Rather than building new Ebola care centers in Liberia, we are forced to build crematoria.

Last week, the World Health Organisation (WHO) projected as many as 20,000 people infected over three months in Liberia, Sierra Leone, and Guinea.

We are in uncharted waters. Transmission rates are at unprecedented levels, and the virus is spreading quickly through Liberia’s capital, Monrovia.

I stand here today, as the president of a medical humanitarian organization on the front lines of this outbreak since it emerged. My colleagues have cared for more than two thirds of the officially declared infected patients. Even as we have doubled our staff over the last month, I can tell you that they are completely overwhelmed.

Doctors Without Borders/Médecins Sans Frontières (MSF) has been ringing alarm bells for months, but the response has been too little, too late. The outbreak began six months ago, but was only declared a “Public Health Emergency of International Concern” on August 8.

While funding announcements, roadmaps, and finding vaccines and treatments are welcome, they will not stop the epidemic today. We have been losing for the past six months. We must win over the next three.

And we can.

Many of the Member States represented here today have invested heavily in biological threat response. You have a political and humanitarian responsibility to immediately utilize these capabilities in Ebola-affected countries.

To curb the epidemic, it is imperative that States immediately deploy civilian and military assets with expertise in biohazard containment. I call upon you to dispatch your disaster response teams, backed by the full weight of your logistical capabilities. This should be done in close collaboration with the affected countries.

Without this deployment, we will never get the epidemic under control.

The following must be prioritized:

Scaling up isolation centers;

Deploying mobile laboratories to improve diagnostic capabilities;

Establishing dedicated air bridges to move personnel and equipment to and within West Africa;

Building a regional network of field hospitals to treat suspected or infected medical personnel.

While these bio-defense teams will help to immediately shore up the response on the ground, the WHO and other public health agencies must operationalize the Ebola Road Map.

We must also address the collapse of state infrastructure. The health system in Liberia has collapsed. Pregnant women experiencing complications have nowhere to turn. Malaria and diarrhea, easily preventable and treatable diseases, are killing people. Hospitals need to be reopened, and newly created.

Lastly, we must change the collective mindset driving the response to the epidemic.

Coercive measures, such as laws criminalizing the failure to report suspected cases, and forced quarantines, are driving people underground. This is leading to the concealment of cases, and is pushing the sick away from health systems. These measures have only served to breed fear and unrest, rather than contain the virus.

UN member states cannot focus solely on measures to protect their own borders. Only by battling the epidemic at its roots can we stem it.

This is a transnational crisis, with social, economic and security implications for the African continent.

It is your historic responsibility to act.

We cannot cut off the affected countries and hope this epidemic will simply burn out. To put out this fire, we must run into the burning building.

Thank you.

REMARKS BY THE PRESIDENT ON THE EBOLA OUTBREAK

Centers for Disease Control and Prevention, Atlanta, Georgia

4:01 P.M. EDT THE PRESIDENT: Good afternoon, everybody. Please be seated. I want to thank Dr. Frieden and everybody here at the Centers for Disease Control and Prevention for welcoming me here today. Tom and his team just gave me an update on the Ebola outbreak in West Africa, our efforts to help mobilize the international community to fight it, and the steps that we’re taking to keep people here at home safe.

Tom and his team are doing outstanding work. Between the specialists they have on the ground in West Africa and here at headquarters, they’ve got hundreds of professionals who are working tirelessly on this issue. This is the largest international response in the history of the CDC. After this, I’ll be meeting with some of these men and women, including some who recently returned from the front lines of the outbreak. And they represent public service at its very best. And so I just want them to know how much the American people appreciate them. Many of them are serving far away from home, away from their families. They are doing heroic work and serving in some unbelievably challenging

conditions — working through exhaustion, day and night, and many have volunteered to go back. So we are very, very proud of them.

Their work and our efforts across the government is an example of what happens when America leads in confronting some major global challenges. Faced with this outbreak, the world is looking to us, the United States, and it's a responsibility that we embrace.

We're prepared to take leadership on this to provide the kinds of capabilities that only America has, and to mobilize the world in ways that only America can do. That's what we're doing as we speak.

First and foremost, I want the American people to know that our experts, here at the CDC and across our government, agree that the chances of an Ebola outbreak here in the United States are extremely low. We've been taking the necessary precautions, including working with countries in West Africa to increase screening at airports so that someone with the virus doesn't get on a plane for the United States. In the unlikely event that someone with Ebola does reach our shores, we've taken new measures so that we're prepared here at home. We're working to help flight crews identify people who are sick, and more labs across our country now have the capacity to quickly test for the virus. We're working with hospitals to make sure that they are prepared, and to ensure that our doctors, our nurses and our medical staff are trained, are ready, and are able to deal with a possible case safely.

And here I've got to commend everybody at Emory University Hospital. I just had the opportunity to meet with Doctors Gartland and Ribner and members of their team and the nurses who — sorry, doctors, but having been in hospitals, I know — (laughter) — they're the ones really doing the work. And I had a chance to thank them for their extraordinary efforts in helping to provide care for the first Americans who recently contracted the disease in Africa. The first two of those patients were released last month and continue to improve. And it's a reminder for the American people that, should any cases appear in the United States, we have world-class facilities and professionals ready to respond. And we have effective surveillance mechanisms in place.

I should mention, by the way, that I had a chance to see Dr. Brantly in the Oval Office this morning. And although he is still having to gain back some weight, he looks great. He looks strong and we are incredibly grateful to him and his family for the service that he has rendered to people who are a lot less lucky than all of us.

As we all know, however, West Africa is facing a very different situation, especially in the hardest hit countries: Liberia, Sierra Leone, and in Guinea. Tom and others recently returned from the region, and the scenes that they describe are just horrific. More than 2,400 men, women and children are known to have died — and we strongly suspect that the actual death toll is higher than that. Hospitals, clinics and the few treatment centers that do exist have been completely overwhelmed. An already very weak public health system is near collapse in these countries. Patients are being turned away, and people are literally dying in the streets.

Now, here's the hard truth: In West Africa, Ebola is now an epidemic of the likes that we have not seen before. It's spiraling out of control. It is getting worse. It's spreading faster and exponentially. Today, thousands of people in West Africa are infected. That number could rapidly grow to tens of thousands. And if the outbreak is not stopped now, we could be looking at hundreds of thousands of people infected, with profound political and economic and security implications for all of us. So this is an epidemic that is not just a threat to regional security — it's a potential threat to global security if these countries break down, if their economies break down, if people panic. That has profound effects on all of us, even if we are not directly contracting the disease.

And that's why, two months ago, I directed my team to make this a national security priority. We're working this across our entire government, which is why today I'm joined by leaders throughout my administration, including from my national security team. And we've devoted significant resources in support of our strategy with four goals in mind. Number one, to control the outbreak. Number two, to address the ripple effects of local economies and communities to prevent a truly massive humanitarian disaster. Number three, to coordinate a broader global response. And number four, to urgently build up a public health system in these countries for the future — not just in West Africa but in countries that don't have a lot of resources generally.

Now, this is a daunting task. But here's what gives us hope. The world knows how to fight this disease. It's not a mystery. We know the science. We know how to prevent it from spreading. We know how to care for those who contract it. We know that if we take the proper steps, we can save lives. But we have to act fast. We can't dawdle on this one. We have to move with force and make sure that we are catching this as best we can, given that it has

already broken out in ways that we had not seen before.

So today, I'm announcing a major increase in our response. At the request of the Liberian government, we're going to establish a military command center in Liberia to support civilian efforts across the region — similar to our response after the Haiti earthquake. It's going to be commanded by Major General Darryl Williams, commander of our Army forces in Africa. He just arrived today and is now on the ground in Liberia. And our forces are going to bring their expertise in command and control, in logistics, in engineering. And our Department of Defense is better at that, our Armed Services are better at that than any organization on Earth.

We're going to create an air bridge to get health workers and medical supplies into West Africa faster. We're going to establish a staging area in Senegal to help distribute personnel and aid on the ground more quickly. We are going to create a new training site to train thousands of health workers so they can effectively and safely care for more patients. Personnel from the U.S. Public Health Service will deploy to the new field hospitals that we're setting up in Liberia. And USAID will join with international partners and local communities in a Community Care Campaign to distribute supplies and information kits to hundreds of thousands of families so they can better protect themselves. We're also going to build additional treatment units, including new isolation spaces and more than 1,000 beds. And in all our efforts, the safety of our personnel will remain a top priority. Meanwhile, our scientists continue their urgent research in the hope of finding new treatments and perhaps vaccines. And today I'm calling on Congress to approve the funding that we've requested so that we can carry on with all these critical efforts.

Today, the United States is doing even more. But this is a global threat, and it demands a truly global response. International organizations just have to move faster than they have up until this point. More nations need to contribute experienced personnel, supplies, and funding that's needed, and they need to deliver on what they pledge quickly. Charities and individual philanthropists have given generously, and they can make a big difference. And so we're not restricting these efforts to governmental organizations; we also need NGOs and private philanthropies to work with us in a coordinated fashion in order to maximize the impact of our response.

This week, the United States will chair an emergency meeting of the U.N. Security Council. Next week, I'll join U.N. Secretary General Ban Ki-moon to continue mobilizing the international community around this effort. And then, at the White House, we're going to bring more nations together to strengthen our global health security so that we can better prevent, detect and respond to future outbreaks before they become epidemics.

This is actually something that we had announced several months ago at the G7 meeting. We determined that this has to be a top priority; this was before the Ebola outbreak. We anticipated the fact that in many of these countries with a weak public health system, if we don't have more effective surveillance, more effective facilities on the ground, and are not helping poor countries in developing their ability to catch these things quickly, that there was at least the potential of seeing these kinds of outbreaks. And sadly, we now see that our predictions were correct. It gives more urgency to this effort — a global health initiative — that we have been pushing internationally.

Let me just close by saying this: The scenes that we're witnessing in West Africa today are absolutely gut-wrenching. In one account over the weekend, we read about a family in Liberia. The disease had already killed the father. The mother was cradling a sick and listless five-year-old son. Her other son, 10-years-old, was dying, too. They finally reached a treatment center but they couldn't get in. And, said a relative, "We are just sitting."

These men and women and children are just sitting, waiting to die, right now. And it doesn't have to be this way. The reality is that this epidemic is going to get worse before it gets better. But right now, the world still has an opportunity to save countless lives. Right now, the world has the responsibility to act — to step up, and to do more. The United States of America intends to do more. We are going to keep leading in this effort. We're going to do our part, and we're going to continue to make sure that the world understands the need for them to step alongside us as well in order for us to not just save the lives of families like the one I just discussed, but ultimately, to make sure that this doesn't have the kinds of spillover effects that become even more difficult to control.

So thank you very much to the entire team that's already doing this work. And please know that you've got your President and Commander-in-Chief behind you. Thank you.