

**H.E JOHN DRAMANI MAHAMA
PRESIDENT OF THE REPUBLIC OF GHANA
AND
CHAIR OF THE ECOWAS AUTHORITY OF HEADS OF STATE
AND GOVERNMENT**

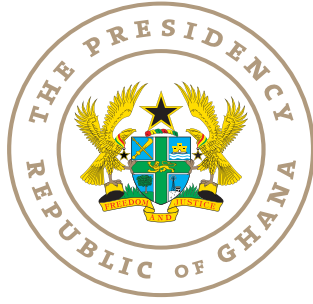
OPENING ADDRESS

**EXTRAORDINARY SESSION OF OF THE ECOWAS AUTHORITY
OF HEADS OF STATE AND GOVERNMENT**

MOVENPICK AMBASSADOR HOTEL, ACCRA

Thursday, 6th November 2014

11:00



Your Excellencies, Presidents and Heads of State and Government of ECOWAS,
Representatives of Heads of State,
Representatives of Multilateral International Organizations,
Honorable Ministers,
Distinguished Guests,
Ladies and Gentlemen,

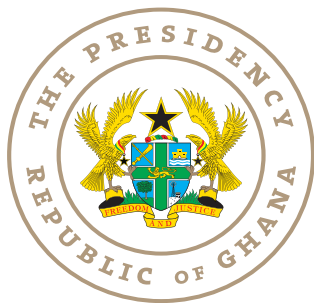
Good morning. I'd like to take this opportunity to welcome you to Ghana and to thank you for your presence here today—though I must admit that I wish it were under more pleasant circumstances.

Over the course of the past several months, and more recently, the past several weeks, much has been written and reported about the Ebola epidemic that has been devastating three African nations—Liberia, Guinea and Sierra Leone—and posing a tremendous health threat to other nations in the West African subregion and beyond.

The facts and figures of this disease are all-too-familiar for those of us in attendance. The World Health Organization has reported an estimated total of 13,567 confirmed, probable and suspected cases of Ebola from six affected countries—Liberia, Guinea, Sierra Leone, Mali, Spain, and the United States of America—as well as two previously affected countries—Nigeria and Senegal. A total of 4,951 deaths have been reported.

But today, I would like for us to move past a perfunctory discussion of facts and figures. Today, I would like for us to look past the data and see the faces of those affected by this disease. I would like for us, in our deliberations on how best to assist these nations as they grapple with this immediate crisis, to talk about Ebola not simply from the head but also from the heart.

When we speak of 13,567 reported cases of Ebola, we speak of 13,567 human lives. We speak, also of the countless other lives that are joined to those individuals in family, in community. We speak of the countless other people who may also come in contact with those 13,567 individuals—healthcare workers, teachers, friends, complete strangers; people in schools; in churches, mosques and other places of worship; on airplanes and buses, at the market, at funerals and weddings. We are all, each and every one of us—sometimes unbeknownst to us—affected by this deadly virus. So we gather here today, each and every one of us, not just as heads of state or representatives of nations and



organizations, but as human beings heeding the urgent call for help that has been issued by other human beings.

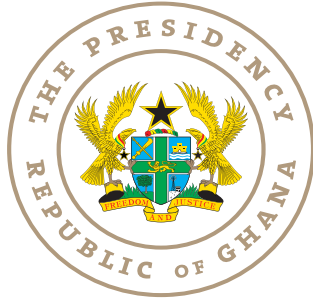
This is not the first time such a call has been issued as the result of a dangerous and fast-spreading epidemic; nor, unfortunately, will it be the last. Such a call was issued in 1918, when the world came together to fight the Influenza Pandemic. The virus infected 500 million people and claimed the lives of an estimated 50 to 100 million. That was roughly 3 to 5 percent of the world's population at the time. Investigations have suggested that the pandemic began in France, but the spread of that virus was so swift, covering the entire globe, stretching from Australia to the Arctic, that ultimately its origin was of little importance.

When it comes to the occurrence of an epidemic, every nation is vulnerable, now more than ever. With advancements in travel and technology, people are more mobile and our borders are more fluid. With this fluidity comes tremendous reward, as well as unforeseen risk. With this newfound ease of mobility that allows us to traverse continents for the purposes of trade and tourism, comes a responsibility that requires us—if only for the sake of ourselves, and the wellbeing of our own people—to make available whatever resources are necessary to bring an end to this current epidemic.

In September, while addressing the United Nations General Assembly, I offered a description of the Ebola virus and the crippling effects the outbreak has had. I have, since then, offered the same description in other addresses I've given because I feel it is the most authentic description I can give, and as such, I believe it bears repeating.

“What makes Ebola so dangerous,” I explained, “is that the virus dares us to compromise the impulses that exist at the very core of our humanity: our impulse to comfort one another with love; to care for each other with the healing power of touch; and, to maintain the dignity of our loved ones even in death with a public funeral and properly marked grave.

Ebola is a disease of isolation. It leaves family members afraid to embrace one another, healthcare workers afraid to attend to patients, and it forces the living to abandon the cultural rites of washing, embalming and burying their dead. Instead they are zipped into a secure body bag, carried on a stretcher by makeshift pallbearers in protective wear, then tossed into a freshly dug ditch.



Just as individuals with Ebola are often shunned and ostracized by their communities, the initial slowness of response by the international community, in many ways, left the affected countries to suffer their fate alone.

In my travels to those three countries, despite my awareness of the suspension of flights by some air carriers, I was shocked to find the airports completely vacant.

Ebola is not just a Liberian problem, or a Sierra Leonean or Guinean problem. It is not just a West African problem. Ebola is a problem that belongs to the world because it is a disease that knows no boundaries.”

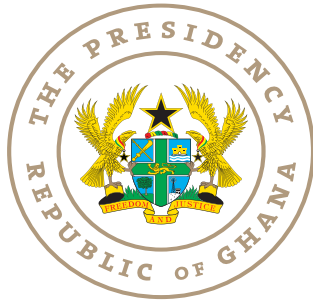
We have seen this already as the disease has found its way not only across land borders but also across oceans and entire continents. People who have never so much as visited any of the affected countries in West Africa have become infected with the Ebola virus, thus exposing all those with whom they have also come in contact to the possibility of infection.

It pleases me to note that despite the initial slowness of response by the international community to the Ebola epidemic, numerous nations and organizations have now come forward with offers of aid, ranging from equipment to food to medical personnel to financial assistance.

I would like to express my sincere appreciation to these nations and organizations for their much-needed support and interventions. There is still so much more that needs to be done, and received, in order for us to help the affected nations continue their fight to stop the spread of Ebola.

The purpose of this meeting is to ensure that we make the best possible use of this aid by assessing what is needed, matching it with what has been offered and identifying the gaps that remain so that they, too, can be filled and we can effectively and efficiently bring an end to this terrible epidemic.

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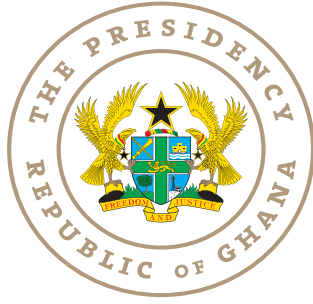
Earlier I mentioned the need for us to look past the figures and focus on the faces of those who have been affected by Ebola. There is one image that comes to mind, one image that has stayed with me. It was in a documentary that I watched shortly after my visits to Liberia, Guinea and Sierra Leone. In this documentary, shot in Liberia, was a scene in which there was a child of no more than four or five years old, standing alone in the street. A child, confused and hungry, his cheeks soaked with tears, his arms outstretched, reaching toward the crowd of adults standing at a distance. Everyone in that crowd saw this child, though most were trying to force themselves to look away. Everyone heard his cries, yet not a single person made an effort to approach him. They were afraid, and that fear transformed this child, who was so desperately in need, into a social pariah.

When discussing the effects of Ebola we more often than not stick with the ones that are the most straightforward and obvious. We stick with the needs that are most tangible, with hospitable beds, gloves, and personal protective equipment. We stick with additional medical personnel, food and cash for the construction of new treatment facilities. And these are all, indeed, extremely crucial items.

But the effects of Ebola are far-reaching, and there are needs that extend beyond the obvious, needs that are intangible. Needs we must also, somehow, attempt to address. Since the start of this epidemic, Liberia alone has registered more than 2000 newly orphaned children; this in a country that was already trying to find ways to provide for the children who had been orphaned during the 14-year civil war.

Whereas some children orphaned by the war have been adopted or housed in orphanages, the fear and stigma of Ebola have made these new orphans, these children of disease, unwanted in the homes of their extended relatives and unwelcomed in the existing orphanages.

Unlike previous outbreaks of Ebola in other parts of the African continent during which a mere 10 percent of those infected by the disease survived, in this outbreak the virus has mutated in such a way that the survival rate is nearly 50 percent. While half of those infected are fortunate enough to survive the experience, they are unable to return to the homes in which they once lived or to the jobs they once worked. They, too, find that because of fear and stigma, they are unwelcomed everywhere they go.



With such large numbers of the labor force unable to work as a result of infection or quarantine measures, the economies of Liberia, Guinea and Sierra Leone have all but crumbled. The crops for this season were not harvested and the crops for coming seasons have not been planted, meaning that the suffering wrought by Ebola will last long after the epidemic has ended.

And because the economies of all the nations in the subregion are connected, that suffering will resound throughout all of West Africa, including the countries without any recorded cases of Ebola.

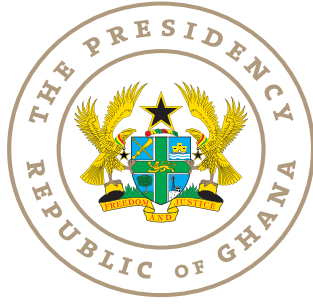
What is most unfortunate about the occurrence of the Ebola epidemic in the three countries that have been hardest hit—Liberia, Guinea and Sierra Leone—is that these were countries recovering from the effects of conflict, countries whose infrastructures were already greatly lacking. With this in mind, the discussion of aid must include a plan for the future sustainability of these nations. We cannot and must not leave them as the disease found them. To do so would make all of our efforts and all of our assistance virtually meaningless as it would leave these countries, once again, vulnerable and defenseless against the threat of any future health crises.

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A few days ago, I received an email from a friend, the subject line of which was, simply, “Ebola.” In this email was an electronic postcard on which was a picture of a butterfly with its intricately colored wings outstretched. Underneath the image of the butterfly was this statement: “Just when the caterpillar thought the world was over, it became a butterfly.”

It was a beautiful picture and an even more beautiful thought, but I was perplexed. I wondered why my friend had sent this to me, and why he had titled the subject of the email “Ebola.” What did a disease, a deadly epidemic like Ebola, have to do with the transformation of a caterpillar into a butterfly?

Though butterflies are not the first things to come to mind when thinking of all the beauty and gifts of nature that West Africa has to offer, the subregion is home to over a thousand species of butterflies. This I knew. Still, I couldn’t make the connection.



Then yesterday, while driving home from the airport after a lengthy day of negotiations in Burkina Faso, I thought of Edward Lorenz, the famous meteorologist, and his now well-known theory called, “The Butterfly Effect.” Through numerous studies of weather patterns, Lorenz discovered that the influence of minor perturbations sparked a chain reaction that ultimately led to significant change. The single flap of a butterfly’s wing in, say, the Brazilian rainforest, could spark a set of chain reactions in the atmosphere that could contribute to the creation of a hurricane in the Florida Keys.

Suddenly the email and the postcard made sense.

The contributions that those of us who are gathered here today are making, however minor they may seem, will set in motion a chain of events that will ultimately lead to larger scale changes in the transformation of Liberia, Guinea, Sierra Leone and the entire West African subregion.

The devastation of this Ebola epidemic does not have to signal an end for these countries. With the attention and the assistance of the world, it could also symbolize the birth of something vibrant and beautiful.

I am most grateful for your attendance and I thank you for your kind attention.