Executive Summary: There have been no significant reports in the last 24 hours. The Liberian government continues to actively deal with infectious persons in the populace and military forces. Additional Ebola Treatment Units (ETUs) are beginning to stand up; however, Ebola cases in Liberia continue to increase.
(U) Liberia:

(U) Ministry of Health Reports Continued Increase in Ebola Cases: Liberia continues to have the largest number of Ebola cases and deaths. Ministry of Health (MoH) reports today that the total number of Ebola cases is 3,627 with 1,975 deaths. The number of total deaths per day and total cases reported per day has increased this week as well. The MoH has reported that in Liberia, 54 people die of Ebola daily. The numbers have increased consistently for the last eighteen weeks Liberia has tracked Ebola. However, the numbers are probably considerably higher, given tracking problems due to lack of infrastructure and health care in the outer counties.

(U) ETU Projects in Monrovia: A Liberian Ministry of Defense ETU in Liberia site which began construction on 6 September has reached completion. This ETU has a 200-bed capacity. Work has commenced on the second ETU, the 300-bed SKD Stadium is due for completion on 4 October. This project’s construction is supported by United Nations Mission in Liberia (UNMIL). The completion of these two ETUs is an excellent chance to show progress of U.S. efforts in Liberia. Both locations are in Monrovia; however the greatest need for ETUs is outside Monrovia to support the largest concentration of Ebola-affected areas.

(U) ETU Development Plan: USAID has committed to construct 27 total ETUs as displayed on the above graphic. Of note, 10 ETUs will be located in the greater Monrovia area and 17 in the outer counties. The 10 ETUs in Monrovia are already in construction. This week the 17 outer county ETUs are being surveyed and plans for construction are in the works. The majority of infrastructure in Liberia is in the capital. The outer counties are difficult to travel to and lack the proper infrastructure for quick setup of ETUs. These outer county locations will require a significant logistic coordination to construct and sustain, which could extend building timelines.
(U) Liberia Road Status: As the rainy season is coming to an end the outer county roads are showing the wear of a long rainy season. Currently three of the main supply routes are not considered trafficable by vehicle. This will hinder operations as the 17 outer county ETUs begin construction and sustainment. These conditions will remain an issue as the current weather report for Liberia is calling for an additional three to four inches of rain in the next two days. The outer county infrastructure is limited and additional wear will make future operations complex. Bypass plans and aerial options will almost certainly be required.

(U) Island Clinic Security Assessment: Island Clinic is one of the ten ETUs in the Monrovia area. The security assessment suggests this location is ready for usage and has few deficiencies to correct. The main issues identified are force health protection and criminal activity. The health protection will be addressed with educations of staff and some additional supplies add to the location. There is significant criminal activity in the area, but this will be mitigated with some security upgrades at the location. ETU locations are chosen in response to the amount of Ebola infected personnel in the area. Ebola has higher concentrations in low income areas due to the lack of infrastructure (running water and electricity) in these locations. The lower income regions in Liberia also have a higher crime rate.
(U) **Shipments Land in Liberia:** According to Relief Web reporting, NGO Direct Relief’s 12th emergency shipment of life-saving medicines and supplies to Ebola-hit regions arrived 30 September in Liberia, destined for health workers and patients at the Eternal Love Winning Africa (ELWA) Hospital and Last Mile Health center (aka Tiyatien Health). The shipment valued at nearly $100,000 included rehydration solutions, antibiotics, and personal protective gear for use by medical staff treating Ebola. According to John Ly, Medical Director at Last Mile Health, this donation is enough to provide treatment to 822 adults or 1,645 children each a week. The shipment also included birthing beds, gurneys, stools, walkers, IV stands, wheelchairs, exam lights, and prescription medications to treat ongoing and chronic conditions from the Ebola outbreak. This shipment was made possible in part by a grant from the Paul G. Allen Family Foundation to AirLink to help establish an air bridge for Ebola response.

(U) **Doctor Treats Ebola with HIV Drug:** Liberian Dr. Gobee Logan claims to have achieved a breakthrough in Ebola treatment by using an HIV drug. CNN quoted Logan as confirming giving the drug, Lamivudine to 15 Ebola patients, and all but 2 of who survived (7% mortality rate). It was also reported that the 13 patients who took Lamivudine and survived received the drug in the first five days of illness, while the two patients who died received it between days five and eight. Lamivudine can cause liver and other problems, but Logan noted it was worth the risk given Ebola’s lethality. *The severity of the crisis is encouraging desperate doctors to try novel treatments, which may result in effective, treatments, albeit risky ones.*

(U) **Frustrated, Liberian Students Want Ebola Fight Role:** In order to avoid human-to-human transmission of Ebola virus, the Liberian government temporarily closed schools, universities and other major public gathering points months ago. Without the prospect of going back to school, hundreds of students took to the streets of Monrovia on 29 September to express their frustration. The situation is good for employers, as thousands of young, educated, but idle people abound since schools and universities have been closed for months. Department of Children and Family director, Victor Fayah, to do recruiting for a non-paying job.

(U) **Sociocultural Perspective:**

(UNCLASSIFIED)

(UNCLASSIFIED)

(UNCLASSIFIED)

(UNCLASSIFIED)

(UNCLASSIFIED)
(U) Former Liberian President Charles Taylor is widely believed to have had financial and material support from the CIA. After a questionable escape from a U.S. prison in 1985, Taylor trained as a guerrilla fighter in Libya, returned to Africa, formed a rebel faction, the National Patriotic Front of Liberia, invaded Liberia in 1989 and became president of the country from 1997 to 2003. Charles Taylor is noted for his involvement in arms and illegal diamond trafficking, supporting rebel groups, condoning the use of child soldiers, and contributing to instability in Liberia, Sierra Leone, Côte d’Ivoire, and Guinea. Taylor was sentenced to 50 years in prison for war crimes committed in Sierra Leone.

(U) Many Liberians believe the CIA provided direct or indirect support to the Independent National Patriotic Front, a breakaway rebel group that captured, tortured, and killed former President Samuel K. Doe. The event was a defining moment during Liberia’s First Civil War (1989-1997). Doe came to power in a bloody coup d’état in 1980. He was the first non-Amero-Liberian to become President and for some (particularly those who share his Krahn ethnic heritage) symbolized the end of Amero-Liberian domination over the majority indigenous peoples in Liberia.

(U) From 1990 to 1991 (Operation Sharp Edge), and again in 2003 (Joint Task Force Liberia), Marine Expeditionary Units deployed to Liberia to conduct non-combat evacuation, stability, and support activities. Many Liberians believe the U.S should have been more hands-on during the conflict, citing close historical ties between the U.S and Liberia. Some Liberians believe the U.S. could have leveraged its position to influence the course and duration of the conflict.

(U) A cartoon in the 29 September 2014 edition of The Daily Observer raises questions about the timing of the U.S. intervention and reinforces a deep-held expectation that Americans should assist Liberia with the EVD crisis.

(U) None of these allegations indicate the potential for imminent threat against the U.S. or its personnel in Liberia. Collectively these perspectives offer context and background on less than favorable opinions and sentiments about the U.S. and the rationale supporting these points of view.
(U) JOA (Sierra Leone, Guinea, Senegal, Liberia):

French President
Francois Hollande

Guinean President
Alpha Conde

Foreign Minister of France
Laurent Fabius

(U) French MFA official on 25-30 Bed Hospital Facility Being Built in Guinea: The French are planning for a 25-30 bed facility operating by the beginning of November, which could increase to 50 beds over time. French Ministry of Foreign Affairs (MFA) official informed the U.S. Liaison to the French Joint Plans and Operations Center (CPCO) on Tuesday that the hospital being built in Guinea will not be labeled a “military” hospital but will be in conjunction with the Red Cross and Medecins sans Frontieres (MSF). The MFA official stated that Ebola seems to be starting to plateau in Guinea. The same MFA official said there was a quickly arranged visit to France by Guinean President Alpha Conde who met on short notice with the French President Hollande to discuss France’s engagements with Guinea to defeat Ebola. This follows the recent French donation of $90 million to combat.
(U) **Unwanted Orphans:** Relief Web reports, at least 3,700 children in Guinea, Liberia and Sierra Leone have lost parents to Ebola since the start of the outbreak in West Africa, according to preliminary United Nations Children Emergency Fund (UNICEF) estimates. Traditionally, orphans would be taken in by members of their extended families, but many are now being abandoned over fears of infection. As the death toll from Ebola continues to raise, preliminary reports from Guinea, Liberia and Sierra Leone suggest that the number of orphans has spiked in the past few weeks and is likely to double by mid-October. Ebola is also exacting a heavy emotional toll on children, especially when they or their parents have to be isolated for treatment. As Ebola responses continue, UNICEF is looking at traditional and new ways to help provide children with the physical and emotional healing they need. **With the increase of orphaned children, to the overwhelmed Liberian state infrastructure will need to provide care for the children and take the proper precautions to make sure the children aren’t infected and how to keep them away from individuals that are infected.**

(UB) **Ebola Outbreak in Nigeria Almost Over:** There have been no new Ebola cases in Nigeria since 31 August, so CDC officials believe the country will be able to announce a formal end to its outbreak on 12 October. The last three people monitored due to potential exposure to an Ebola patient will end their 21 days (the maximum incubation period for the disease) of follow-up for signs of symptoms later this week. **Nigeria has managed to bring its Ebola outbreak to a halt, which will offer hope for the other countries affected by the disease.**
(U) Weather:

(U) Dakar will see persistent lower ceilings and passing showers with thunderstorms returning after the 3rd. The thunderstorms and showers will be isolated in nature and should not have impacts outside of delays when actually over the airfield. The 4th will be the peak of thunderstorm activity in Dakar.

(U) In Liberia, a vigorous circulation will pass north on the 2nd and into the 3rd, making already constant rain heavier. During this period, rain rates will exceed half an inch in 3 hours at times with thunderstorms very common. Total amounts of rain in Monrovia and surrounding regions will exceed 1-2 inches in a 12-hour period. Some local areas could exceed those amounts, especially in northwestern Liberia. Sierra Leone, and Guinea, with direct impact from the circulation, will see much higher totals.