

China and Africa's Soft Security: The Case of China's Response to the 2014-16 Ebola Crisis in West Africa

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Summary

- The 2014-16 Ebola crisis in West Africa was the first occasion for China to demonstrate its willingness and ability to play a role in addressing public health emergencies of international concern (PHEIC).
- Some studies have presented this initiative as part of China's plan to boost its soft power in Africa, overestimating its role in the crisis (Yanzhang Huang, *Global Challenges*, 2017).
- Based on first and second hand sources as well as fieldwork conducted in Guinea, Sierra Leone and Liberia in 2019, this paper looks at China's decision to participate in the international response to this large outbreak of Ebola viral disease (EVD) from it different angle: as part of Beijing's ambition to **enhance its contribution to Africa's security** in general and **soft/health security** in particular.

Summary (2)

- It was the first time China sent military teams to set up and operate infectious disease hospitals overseas (Sierra Leone and Liberia).
- The specific role played by the People's Liberation Army (PLA), and especially the PLA's **Academy of Military Medical Sciences** is part of China's effort to increase its involvement in international **humanitarian assistance and disaster relief** (HADR) operations. This crisis therefore offers a rare occasion to study an under-researched facet of the Chinese military's overseas missions, partly humanitarian, partly proceeding from Beijing's "military diplomacy" and partly as a way to improve the PLA's HADR capacity and, more generally, to enhance China's great power influence in Africa, in the UN system and in the world.

Ebola (1)

- Beginning in December 2013, West Africa has endured the largest outbreak of Ebola viral disease (EVD) in history. As of June 2016, the virus has infected over 28 600 people and caused more than 11 300 deaths (including 4,809 in Liberia, 3,956 in Sierra Leone and 2,543 in Guinea).
- Ebola is transmitted by intimate contact with effluent or other patient discharges. A twenty-one-day quarantine usually suffices to remove the threat of contact between symptomatic persons and passersby.
- “Massive failure of global health governance”: World Health Organization (WTO) criticized for its slow response: started to (badly) coordinate international response only in July 2014; NGOs as MSF (Médecins Sans Frontières) and U.S. Centers for Disease Control and Prevention (CDC) which created an Emergency Operation Center (EOC) on the ground in July 2014 were the first to act.

Ebola (2)

- Sept 2014: United Nations Security Council (UNSG) unanimously adopted a resolution **declaring the outbreak of the Ebola virus in West Africa a "threat to international peace and security"** and calling on states to provide more resources to combat the outbreak (U.N. Resolution 2177).
- Then the UNSG announced the establishment of an "emergency UN mission" working with the World Health Organization (WHO), **"the UN Mission for Ebola Emergency Response"** (UNMEER) in charge of coordinating international assistance, e. g. in West Africa.
- Second time the UNSG addressed a public health issue after HIV/Aids.
- First time China participated in addressing **"public health emergencies of international concern"** (PHEIC).
- **August 2014**, on behalf of President Obama, National Security Advisor Susan Rice travelled to Beijing to propose to Chinese officials that China joins the U.S. in fighting Ebola: **China decided to participate.**

Context of the Ebola Crisis in Africa

Under and beyond the UNMEER coordinating role, a division of Labor in line with former colonial boundaries emerged.

The leading countries tackling the crisis were:

France in **Guinea** Conakry together with Guinea's **Agence nationale de sécurité sanitaire (ANSS)**;

United Kingdom in **Sierra Leone** under SL government **Emergency Operation Centre**;

United States in **Liberia** (deployed 2,800 troops); UNMIL (United Nations Mission in Liberia; 4,500 personnel until 2018) “limited engagement” in coordination with WHO.

But **China** key economic and trade partner of Sierra Leone (48% of total trade), Liberia (18%) and Guinea (12.4%); involved in many construction projects as Kaleta dam in Guinea, etc.; nationals to protect.

China's Decision to Participate

- Unlike the United States and other countries, Beijing did not explicitly frame the Ebola outbreak as an international security threat or deployed a large number of military personnel to the affected countries, as the U.S. did.
- However, its dispatch of elite PLA units to the affected countries suggests that it did view the outbreak as a **security threat** that required a response out of the normal political boundaries.
- Beginning in 2004 the PLA has been entrusted with “**new historic missions**” “requiring it to increase its involvement in more straightforward humanitarian and relief operations. Disaster relief: part of PLA’s **Military Operations Other than War (MOOTW)** and enhancing “**far seas**” military capabilities, a rubric articulated in China’s 2015 defense white paper.

China Studies from the USA

- US military participation in the fight against Ebola in 2014 is a precedent to other pandemic prevention operations, a steady feature of the US national security policy, especially since the adoption in 2000 of an “infectious disease securitization policy”.
- Cf. A. Leboeuf and E. Broughton, “Securitization of Health and Environmental Issues: Process and Effects. A research outline”, Paris: Document de Travail de l’IFRI (IFRI Working Paper), May 2008.
- *State Partnership* between Liberia and Michigan National Guard;
- Up to 2,800 American soldiers deployed between September 2014 and February 2015, in a mission aimed at “building health centers, set up local test labs, and supply logistical support and transportation”; the US military also formed around 1,500 local local health personal;
- However the US agency in charge was not the Pentagon but the USAID and Department of Health’s Emergency Operation Center (EOC) on the ground.

China Defense White Paper 2019

- “Committed to the principle of win-win cooperation, **China’s armed forces will fulfill their international responsibilities and obligations, and provide more public security goods to the international community** to the best of their capacity. They actively participate in the UN peacekeeping operations (UNPKOs), vessel protection operations, and **international efforts in humanitarian assistance and disaster relief (HADR)**, strengthen international cooperation in arms control and non-proliferation, play a constructive role in the political settlement of hotspot issues, jointly maintain the security of international passages, and make concerted efforts to respond to global challenges such as terrorism, cyber security and major natural disasters, thus making a positive contribution to building a community with a shared future for mankind.”

HADR in China Defense White Paper 2019

- China's armed forces take an active part in the international efforts for HADR. **Military professionals are dispatched to conduct disaster relief operations in affected countries, provide relief materials and medical aid, and strengthen international exchanges in this respect. Since 2012, China's armed forces have participated in the search for the missing Malaysian Airliner MH370, and in the relief operations for Typhoon Haiyan in the Philippines, the Ebola epidemic in West Africa, the water scarcity in Maldives, the earthquake in Nepal, and the flood caused by a dam collapse in Laos.** Since it entered service a decade ago, the PLAN's hospital ship *Ark Peace* has fulfilled 7 voyages coded as *Mission Harmony* and visited 43 countries. During these visits, it provided medical services to the local communities, organized medical exchanges, and helped over 230,000 people.
- **Ebola crisis:** one of the 9 major HADRs participated by the PLA since 2012.

Ebola Crisis in the 2019 Defense White Paper

- “After the outbreak of Ebola in West Africa, the PLA sent 524 medical staff in 7 groups to conduct epidemic prevention operations. They built a treatment center, hospitalized 938 suspected patients and trained more than 3,000 local medical staff.”
- Starting date: **August 2014**
- Countries targeted: The Republic of Guinea, Liberia, Sierra Leone and Guinea-Bissau.
- Case of China-US cooperation: “The two militaries carry out institutionalized exchanges between the defense authorities, armies, navies and air forces, as well as **practical cooperation in HADR**, counter-piracy, and exchanges between academic institutions”.
- In Sierra Leone and Liberia, China and the US did cooperate on the ground, cf. <https://www.cartercenter.org/resources/pdfs/peace/china/trs-03-combating-ebola-breakout.pdf> (2019)

The China and the PLA have learned about urgency intervention

- **August 2014 (when WHO declared PHEIC so rather late):** China sent three teams of infectious disease experts (totalling 115 people) to assist local medical professionals in the three Ebola-stricken countries.
- In a move that demonstrated its new **power projection capabilities**, it took the PLA No. 302 Hospital just 3 days to assemble a team of 31 medical personnel and mobilize 150 tons of material supplies for the mission to West Africa in September 2014.
- It took the PLA medical support forces in Sierra Leone **just one week to convert a small general hospital into one specializing in treating infectious diseases**, and **just one month to construct a state-of-the-art Ebola treatment center (ETC)** with 100 treatment beds.
- While **there is no indication that PLA medical corps worked closely with their U.S. and U.K. counterparts** in Ebola Virus Disease (EVD) diagnosis, treatment and containment, in light of the combined international efforts in this regard **Chinese actions should be viewed as part of a larger effort by the richer countries to provide direct aid through personnel and materials.**

China's Involvement (1)

- According to the Ministry of Foreign Affairs (2019), China sent over 1,000 (1,200 actually) experts and donated 750 million yuan (US\$117 million) to Liberia, Sierra Leone, and Guinea as well as 7 neighboring countries between 2014 and 2016.
- PLA medical staff nearly half of the personnel sent to West Africa
- Trained more than 13,000 local health personnel and community epidemic control coordinators.
- Financial contribution: conflicting figures: \$123 million between April and October 2014; Huang source: US\$47 or 1.3% total, against \$1,763m for the US (48.7%), \$364m for the UK (10.1%), \$167m for Germany (4.6%) \$119m for the EU Commission (3.3%) and US\$108m for France (3%).
- Fourth donor in terms of GDP per capita ratio behind the US, the UK and India and ahead of Germany (Huang)
- Part of China's contribution to the UN's Ebola Response Multi-Partner Trust Fund (ex: in 2014 pledged \$450,000 by the China Development Bank)
- Partly in kind: supplied 60 ambulances, 100 motorcycles, pickup trucks, and portable incinerators

China's Involvement (2)

- Mainly in **Sierra Leone** and **Liberia**
- Where did the PLA personnel come from?
- Since November 2014, the PLA has sent 361 medical workers in three teams from the **PLA General Hospital, three military medical universities, the Shenyang, Beijing and Chengdu military area commands**, to Liberia, where the Chinese military medical teams gave treatment to Ebola patients and trained more than 6,000 local medical workers.
- **PLA 302 Hospital** which operates under the **PLA General Logistics Department**
- **Beijing Military Hospital**
- **PLA Academy of Military Medical Sciences (AMMS)' Institute of Biotechnology** (Beijing) for developing a vaccine
- **Fifth Medical Center of the PLA General Hospital and the Institute of Microbiology and Epidemiology of the Military Medical Research Institute** (post-Ebola)
- **PLA Third Military Medical University in Chongqing (Liberia)**

China's Involvement (3)

- The **Academy of Military Medical Sciences** (中国人民解放军军事医学科学院) is the highest-level medical research institute under the PLA. It is controlled by and under the supervision of **People's Liberation Army General Logistics Department – Health Division** (中国人民解放军总后勤部卫生部): 3 major missions:
 - 1) Develop military and technological advancements in preparation for potential military conflicts
 - 2) Develop counter-terrorism measures and prepare for public health emergencies
 - 3) Prevent and control diseases, and gradually incorporate such capability into the country's nationwide system

There are 11 research institutes and 307 hospitals under the Academy. They are based in Beijing, Tianjin, Jilin, and Heilongjiang. They are responsible for military medicine, basic medicine, biotechnology, health equipment, anti-terrorism preparation, and disease prevention and control.

- **Civilian organization:** (tensions between AMMS and CDCP)
- China's **Center for Disease Control and Prevention (CDCP)** under the National Health and the Family Planning Commission (500 staff dispatched, planned 1,000)

China's Involvement (4)

- **The Chinese Ebola treatment centres or units (ETC/ETU)** carried out the following activities in **Liberia** within a sixth-month mission: (1) patient observation; (2) diagnosis and treatment (177 suspected, probable, or confirmed EVD cases, and 60% of confirmed Ebola patients were cured); (3) trained 1,520 local Health care workers (HCW), peace-keeping police and community members; (4) and ***provided guidance on infectious disease control for staff in the Chinese Embassy and other Chinese enterprises.***
- Despite, the high rates of EVD in Sierra Leone and Liberia, HCWs working in the Chinese ETCs located in these countries had a “zero infection” rate.
- As of December 2015, the Chinese Government had dispatched several groups of 1,200 medical workers to carry out **on-site laboratory testing**, Ebola case observation, diagnosis and treatment, and public health trainer training in Guinea, Liberia, Sierra Leone, and seven neighbouring countries; completed the testing of nearly 9,000 sample Ebola cases and more than 900 observation cases; and **trained more than 13,000 local health personnel** and community epidemic control coordinators for the affected areas.

China's Own Vaccine for Ebola Virus Disease

- Jointly developed by the **PLA AMMS' Institute of Biotechnology** (Beijing) and CanSinoBio, a Chinese private (?) company based in Tianjin and specialized in human vaccine development and production.
- The AMMS started to research on this vaccine in 2000, research sped up after the outbreak of the Ebola crisis in 2014.
- Approved by China's FDA in October 2017 (China claimed to be third country after USA and Russia).
- A powder rather than a liquid, this vaccine is claimed to be “more stable” than other vaccines.
- Chinese military medical researchers have been promoting since 2014 a treatment drug known as jk=05 for Ebola; Sihuan Pharmaceutical, a Chinese Morgan-Stanley-invested drug-maker, purchased the right to commercialize the experimental drug in October 2014.
- But WHO has chosen to use US Merck experimental treatment for Ebola (more testing), especially in the DRC since 2018.

Sierra Leone (1)

- **Mid- September 2014:** a 59 member **Chinese laboratory team** departed for Sierra Leone to help the country build its lab testing capacity, joining the Chinese medical staff that had been on the ground since August.
- **China's Center for Disease Control and Prevention** ran a mobile testing laboratory in Freetown, capital of Sierra Leone:
 - In 2014, it performed up to 60 blood tests for Ebola each day, as often on deceased individuals (to learn how many deaths are truly from Ebola) as on living patients.
 - About 30 persons worked in the testing laboratory. Another 30 physicians and nurses from a Beijing Military Hospital operated a holding center near Freetown to help potential Ebola spreaders observe quarantine.
- **The PLA 302 Hospital** which operates under the PLA General Logistics Department and specialises in infectious diseases (IDs), sent a 41-strong medical team to Sierra Leone in **Nov 2014**.
- **The Chinese Military Medical Team (CMMT)** in Sierra Leone was designed to have four functional units: organisational administration, medical care, infection prevention and control (IPC) and logistics.

Sierra Leone (2)

- **The Chinese Military Medical Team (CMMT)** in Sierra Leone had doctors and nurses that had participated in rescue missions during the 2003 SARS outbreak, the 2008 Wenchuan earthquake or the earthquake in Haiti in 2010. Overall, there were 28 doctors, 50 nurses, 12 IPC officers and 25 logistical personnel, and the specialties among the recruited doctors included ID, surgery, critical-care medicine, radiology and laboratory medicine.
- In Freetown, the CMMT rebuilt the **Jui Government Hospital** and converted it into a specialised EVD HTC with a 40-bed capacity (total ETU beds 346), which later expanded to 78 beds (out of 1,198), within the first week of their deployment. The Sierra Leone government then renamed the hospital as **China–Sierra Leone Friendship Hospital**. Between **Oct 2014 and March 2015**, **PLA's medical team** to Sierra Leone admitted and treated a total of 773 suspected and 285 confirmed EVD cases. Among the 285 confirmed cases, 146 (51.2%) patients survived after treatment.
- Jan 2015: third medical team arrived (each team 115 PLA medical staff).



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CEREMONY OF DONATING THE MEDICAL SUPPLIES AND THE OPENING CEREMONY OF
THE REMOTE PATHOLOGICAL PLATFORM BY CHINESE GOVERNMENT TO SIERRA LEONE

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Sierra Leone (3) : Post-Ebola Crisis

- A Chinese Military Medical Experts Group (MMEG), selected by the **Fifth Medical Center of the PLA General Hospital and the Institute of Microbiology and Epidemiology of the Military Medical Research Institute** arrived in Sierra Leone, West Africa on June 26, 2018.
- The MMEG trained 27 local medical personnel to fight the infectious disease (Ebola, Dengue, yellow fever, Zika, Lassa fever). The local medical staffs were trained to operate a wide array of medical equipment independently, to carry out daily diagnosis and treatment work, and handle the medical records according to the electronic information system. The aim was to develop an efficient operating system for the locals.
- During the mission, the MMEG held technical training for Sierra Leone's staffs. A total of 1,500 people were benefited from the professional training.
- China also built 6 surveillance centers to monitor infectious diseases, and collected 24,680 reported cases of infectious disease. The data and figures collected should increase the locals' ability to monitor Ebola and generate preventive measures.



Sierra Leone - China Friendship Hospital

- Dr Alex Kanu, trained in Shenyang (1989-94), medical superintendent Hospital: the only local staff able to speak Chinese.
- Every June 19 Chinese medical doctors + one cook from Hunan come to the Hospital for one year.

安全出口
EXIT



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主办：中华人民共和国国家卫生健康委员会
中华人民共和国驻塞拉利昂共和国大使馆
ORGANIZED BY: NATIONAL HEALTH COMMISSION OF PEOPLE'S REPUBLIC OF CHINA
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Liberia (1)

- In **Nov 2014**, A 163-strong military medical team left Beijing for Liberia to the fight against the Ebola virus in West Africa. Most of the team members come from the **PLA Third Military Medical University in Chongqing**. The remainder are from the **Shenyang Military Area Command**.
- The Ebola Treatment Unit (ETU), which opened on Nov 25, 2014, was run as if it were a **PLA battlefield hospital**. Top HIV experts, very professional.
- The PLA's medical contingent operated a **100-bed Ebola hospital at a stadium** in the capital, Monrovia (out of a total of 620 ETU beds in October 2014 and 2,930 later).
- A total of 480 medical personnel was sent to the hospital **in three groups**.
- Train 100 local personnel.
- Daily coordination with UNMEER and UNMIL directly or through the National Ebola Coordination Center. Limited coordination with the US at the logistics cluster meetings.

Liberia (2)

- Jan 2015: **second medical team** arrived. China's medical centre in Liberia had already treated 106 people. 61 patients were admitted: among them, five were diagnosed of Ebola and three of the five were cured.
- **The third medical team** of the PLA to Liberia consisting of 39 persons from the **General Hospital of Beijing Military Area Command** set out from Beijing on a special plane on March 13, 2016 to take over the "anti-Ebola" mission of the **second PLA medical team** to Liberia.
- China PLA handed over a Ebola diagnosis and treatment center funded and built by China to the Liberian government in Monrovia, capital of Liberia, on May 12, 2015.
- Apart from the Ebola diagnosis and treatment center worth RMB 120 million (around US\$1.9 million), the Chinese government also handed over RMB 30 million (around US\$4.8 million) worth of medical devices, medical consumables and epidemic prevention materials to Liberia.



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Guinea

- **Chinese Medical Team (CMT)** in Guinea treated the first Ebola case in Conackry in March 2014. (Virus identified by Paris' Institut Pasteur in April 2014)
- April 2014, China provided \$50,000 in cash as emergency humanitarian aid.
- 2/3 of anti-Ebola supplies reportedly from China (including Termoflash).
- Ambition to cooperate with France but did not participate in coordination meetings (contrary to other donors as Japan, Russia, Cuba)
- France, the coordinator for Guinea, contributed 158 million Euros to Guinea (Institut Pasteur de Guinée reopened in Kindia funded by AFD)
- China built a **Friendship Hospital**, first phase completed in 2016; second phase: personnel training, obstetrician center established. Controversial image. Coop with Chaoyang Hospital in Beijing (19 medical staff). No infectious disease department. Several Guinean doctors trained in China.

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Guinea Bissau

- China sent the first batch of relief goods (valued at one million yuan), mostly for disease prevention, control and treatment, to Guinea-Bissau in May 2014.
- The second batch of relief goods such as patient monitors and medicines arrived in Aug 2014.

China's Ongoing contribution to the fight against Ebola: More civilian?

- **DRC:** in 2018, China sent 11 health experts (4 from CDCP and 11 from the PLA's AMMS) to the DR Congo to contain an Ebola outbreak; in May 2018, signed a US\$1 million donation with Congo to fight Ebola. In 2019, stopped: no request from DRC govt.
- **South Sudan:** 3 Chinese experts from the **Chinese Center for Disease Control and Prevention** sent to South Sudan in July 2019 to prevent the disease from spreading further. Some experts also sent to **Uganda**.
- **China International Development Cooperation Agency** announced in August 2019 that it will provide emergency humanitarian assistance (including money and materials) to countries including the DRC, Uganda, Burundi, Rwanda and South Sudan **to prevent and control the Ebola epidemic**. It will also work together with the World Health Organization (WHO) and the African Union (AU) in this field.

China-US Cooperation and Competition (1)

- On the ground in **Sierra Leone**, U.S. and Chinese staff worked side by side at a Chinese laboratory.
- In **Liberia**, U.S. and Chinese personnel worked together on the tarmac to offload Chinese emergency supplies from a Chinese transport plane.
- But lack of true coordination that led to the duplication of efforts. For example, each country built its own treatment centers on its own timeline. Each was executing its own plans without much joint planning.
- U.S.-based company Mapp Biopharmaceutical developed ZMapp, an Ebola treatment drug in summer 2014. The PLA's AMMS and Chinese company Beijing Mabworks used information in ZMapp's patent to create MIL-77, another Ebola treatment drug. Mabworks (北京天广实生物技术股份有限公司) claimed to have a licensing agreement with ZMapp's intellectual property holder. MIL-77 used by several agencies including MSF in 2015.
- US government officials expressed patent infringement concerns. ZMapp is comprised of three chimeric monoclonal antibodies, and the American and Canadian governments hold the patents to two of those as they were developed by their military research agencies. In any case, in 2015, Mabworks and Mapp Biopharmaceutical signed an agreement giving Mapp Biopharmaceutical the rights to market MIL-77 everywhere in the world except China.

China-US Cooperation and Competition (2)

- After the crisis, at the June 2015 **U.S.-China Symposium on Ebola, Research, and Global Health Security**, both countries reaffirmed their commitment to together creating mechanisms to detect, prevent, and respond to global public health crises. At this summit the U.S. and China signed the **Memorandum of Understanding (MoU) on the Cooperation between China and the United States on New and Re-infected Diseases**.
- On September 25, 2015, USAID and the Chinese Ministry of Commerce signed a MoU agreeing to coordinate their assistance to African countries.
- China CDC, U.S. CDC, and U.S. NGOs have collaborated to provide expertise to the Africa CDC on ways to strengthen health surveillance. U.S. CDC and China CDC are also collaborating on the Africa CDC's public health training and disease control programs.
- Both the US and China are members of **Global Health Security Agenda**, an organization launched in February 2014 and whose mission is to increase global and nations' capacity to prevent, detect, and respond to infectious diseases.
- But no coordination in the DRC even after July 2019 (PHEIC by WHO)

Conclusions

- China has been a substantial contributor in kind and personnel but secondary financial contributor to the fight against Ebola.
- China's participation more in sync with the UN (WHO) than other donors.
- PLA learnt a lot from the crisis in terms of HADR, epidemic control, and medical research; has enhanced its "far sea" operation capacity and great power ambitions.
- Contrary to what Chinese media claimed, China did not play a leading role in the fight against Ebola: good PR work.
- Ebola and HADR are areas of Sino-US cooperation (ex: both navies hold every year a joint humanitarian rescue and disaster relief exercise) but also of competition.

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