

I have had the opportunity to serve in your distinguished Cabinet and worked with a White House Chief of Staff—a White House staff ably led by Denis McDonough that has done much to make real the promise of our democracy. And the—each of the men and women who I have come to know will be lifelong friends.

Whatever my accomplishments, they could not have been achieved without the love, support, and guidance of two people who are not here with me today. My parents, Eric and Miriam Holder, nurtured me and my accomplished brother William and made us believe in the value of individual effort and the greatness of this Nation.

My time in public service, which now comes to an end, would not have been possible without the sacrifices, too often unfair, made by the best three kids a father could ask for. Thank you, Maya. Thank you, Brooke. And thank you, Buddy.

And finally, I want to thank the woman who sacrificed the most and allowed me to follow

my dreams. She is the foundation of all that our family is and the basis of all that I have become. My wife Sharon is the unsung hero. And she is my life partner. Thank you for all that you have done. I love you.

In the months ahead, I will leave the Department of Justice, but I will never—I will never—leave the work. I will continue to serve and try to find ways to make our Nation even more true to its founding ideals.

I want to thank the dedicated public servants who form the backbone of the United States Department of Justice for their tireless work over the past 6 years, for the efforts they will continue, and for the progress that they made and that will outlast us all.

And I want to thank you all for joining me on a journey that now moves in another direction, but that will always be guided by the pursuit of justice and aimed at the north star.

Thank you.

NOTE: The President spoke at 4:30 p.m. in the State Dining Room at the White House.

## Remarks at the Global Health Security Agenda Summit *September 26, 2014*

Good morning, everybody. Welcome to the White House. Thank you for being here. I want to welcome Members of Congress, leaders from across my administration, and our friends and partners, leaders in public health not just from the United States, but from around the world. Thank you for joining us to advance a cause that touches us all: the health of our people and the security of our nations and of the world.

Today, of course, our thoughts and prayers are with the people of West Africa. And I know that some of you have been there, doing heroic work in the fight against Ebola. You've seen firsthand the tragedy that's taking place. In Liberia, in Sierra Leone, in Guinea, people are terrified. Hospitals, clinics, treatment centers are overwhelmed, leaving people dying on the streets. Public health systems are near collapse. And then, there are the secondary effects: economic growth is slowing dramatically,

governments are being strained. And if left unchecked, experts predict that hundreds of thousands of people could be killed in a matter of months.

And that's why I've told my team that fighting this epidemic is a national security priority for the United States. It's why I recently announced a major increase in our efforts. Our military command in Liberia is now up and running. We're standing up an airbridge to move health workers and supplies into West Africa more quickly. We're setting up a field hospital, new treatment units, a facility to train thousands of health workers. So this is an area where the United States has an opportunity to lead, and we've been making a major contribution.

But yesterday, at the United Nations, I joined with Secretary General Ban Ki-moon and Dr. Chan and said this has to be a global priority. Over the last week, culminating yes-

terday in New York, more countries and organizations have announced significant commitments, including health care workers and treatment facilities and financial support. And today I want to thank, in particular, the Government of Japan, which has pledged to provide some 500,000 pieces of ventilated protective gear—head gear, gloves, and boots—to help keep health workers safe as they treat patients in the region.

So we've got to now keep up this momentum. This epidemic underscores—vividly and tragically—what we already knew, which is, in a world as interconnected as ours, outbreaks anywhere, even in the most remote villages and the remote corners of the world, have the potential to impact everybody, every nation.

And though this Ebola epidemic is particularly dangerous, we've seen deadly diseases cross borders before: H1N1, SARS, MERS. And each time, the world scrambles to coordinate a response. Each time, it's been harder than it should be to share information and to contain the outbreak. As a result, diseases have spread faster and farther than they should have, which means, lives are lost that could have been saved. With all the knowledge, all the medical talent, all the advanced technologies at our disposal—at our disposal, it is unacceptable if, because of lack of preparedness and planning and global coordination, people are dying when they don't have to. So we have to do better, especially when we know that outbreaks are going to keep happening. That's inevitable.

At the same time, other biological threats have also grown, from infections that are resistant to antibiotics to terrorists that seek to develop and use biological weapons. And no nation can meet these challenges on its own. Nobody is that isolated anymore. Oceans don't protect you. Walls don't protect you. And that means all of us, as nations and as an international community, need to do more to keep our people safe. And that's why we're here.

We have to change our mindsets and start thinking about biological threats as the security threats that they are, in addition to being humanitarian threats and economic threats. We

have to bring the same level of commitment and focus to these challenges as we do when meeting around more traditional security issues.

And what I've said about the Ebola epidemic is true here as well: As the nation that has underwritten much of global security for decades, the United States has some capabilities that other nations don't have. We can mobilize the world in ways that other nations may not be able to. And that's what we're trying to do on Ebola. And that's what we'll do on the broader challenge of ensuring our global health security. We will do our part. We will lead. We will put resources. But we cannot do it alone.

And that's why, back in February, before the current Ebola outbreak, we launched this global health security agenda, and I pushed this agenda at the G-7 meeting, because we could see something like this coming. And we issued a challenge to ourselves and to all nations of the world to make concrete pledges towards three key goals: prevent, detect, and respond. We have to prevent outbreaks by reducing risks. We need to detect threats immediately wherever they arise. And we need to respond rapidly and effectively when we see something happening so that we can save lives and avert even larger outbreaks.

Now, the good news is, today, our nations have begun to answer the call. Together, our countries have made over 100 commitments both to strengthen our own security and to work with each other to strengthen the security of all countries' public health systems. And now we've got to turn those commitments into concrete action, starting in West Africa. We've got to make sure we never see a tragedy on this scale again, and we have to make sure we're not caught flat footed. Because you know better than I do that not only can we anticipate additional outbreaks, but we also know that viruses in large populations have the opportunity to mutate in ways that could make them even more deadly and spread more rapidly.

So first, we'll do more to prevent threats and outbreaks. We're going to partner with countries to help boost immunization rates to stop the spread of preventable diseases. We'll work

together to improve biological security so nations can store, transport, and work with dangerous pathogens safely. Here in the United States, we're working with our partners to find new ways to stop animal diseases from crossing over into people, which, of course, is how Ebola started. And with the Executive order I signed last week, we now have a national strategy to combat antibiotic-resistant bacteria, to better protect our children and grandchildren from the reemergence of diseases and infections that the world conquered decades ago.

Second, we'll do more to detect incidents and outbreaks. We'll help hospitals and health workers find ways to share information more quickly as outbreaks occur. We want to help countries improve their monitoring systems so they can track progress in real time. And we'll intensify our efforts to diagnose diseases faster. And technologies now exist, today, that diagnose many illnesses in minutes. And one of the things that we need to do is work together to find ways to get those new technologies to market as quickly as possible and distributed as quickly as possible.

In too many places around the world, patients still have to wait sometimes for days to find out if they're sick, which means that in the meantime, they're infecting friends, and they're infecting family. We can do better on that. So we're going to keep working to get new technologies to hospitals and health workers who need it so they can diagnose patients quickly and do more to save lives at the earliest stages of disease.

And finally, we'll do more to respond faster when incidents and outbreaks happen. The United States will continue to help countries create their own emergency operations centers, with rapid response teams ready to deploy at a moment's notice. Just like our military conducts exercises to be ready, we'll lead more training exercises as well, helping countries stress-test their system and personnel so that in the event of an outbreak or biological attack, they know how to find the source, they know how to mitigate the impact, they know how to save lives. They can institute best practices that in many advanced countries we take for grant-

ed. I mean, the CDC, this is their job. If they find something out, they know how to isolate it rapidly, they know how to conduct the epidemiological studies, and they know what protocols to follow. Every country has the capacity to do that. Because a lot of times, it's not high tech, doesn't require huge resources; it does require planning and preparation.

As we're often seeing in West Africa, often the greatest need in a crisis is personnel who are trained and ready to deploy. So we're going to keep working to strengthen the global networks of experts. When a crisis occurs, there are enough specialists standing by, ready to work.

And today I'm pleased to announce a new effort to help health workers respond to diseases like Ebola. As many of you know firsthand, the protective gear that health workers wear can get incredibly hot, especially in humid environments. So today we're issuing a challenge to inventors and entrepreneurs and businesses of the world to design better protective solutions for our health workers. If you design them, we will make them. We will pay for them. And our goal is to get them to the field in a matter of months to help the people working in West Africa right now. I'm confident we can do this.

So here's the bottom line: No one should ever have to die for lack of an isolation tent or a treatment bed, as is happening in West Africa. No community should be left at the mercy of a horrific disease. No country should be caught by surprise if an outbreak starts to become an epidemic. We've got to act quickly. And we've got to meet the commitments that we're making here today and track our progress and hold each other accountable.

So you can anticipate that I will be bringing this up with the heads of state and government that you report to. I especially want to thank the governments of Finland and Indonesia, who've agreed to lead this effort going forward. I want to thank South Korea, which will host this conference next year. I want to keep the momentum going.

And as we go forward, let's remember what we're working toward: more families, more

communities, more nations that are better able to provide for their own health security. And one thing I want to point out, because all of you have been working in the field for many years and understand these issues far better than I ever will. Even as we are working on preparedness, understand that the U.S. commitment—and hopefully, the world’s commitment—to just building a better public health infrastructure generally remains. It’s one thing for us to make sure that we can anticipate diseases—identify diseases early and respond to them rapidly and—but as everybody here knows, if the body is strong, if communities are strong, if nations are strong, then their immune systems are a little bit stronger. And so part of what we will also continue to have to do is make sure that children are well fed and that they’re getting their immunizations and that people have opportunity to get out of extreme poverty. That’s also part of the long-term agenda.

So we have a very narrow, specific issue in terms of how we respond to the potential outbreaks of epidemics like we’re seeing in West Africa. I don’t want people to think that somehow that distracts us from some of our broader public health goals. But right now what we’re focused on today is to make sure that we have the opportunity to succeed in a situation in which success will never actually be seen. It will be the attacks that we prevented and the infections that we stopped before they started and the outbreaks that don’t explode into epidemics.

The scenes we’re seeing in West Africa are heartbreaking, and they tear at our conscience. But even now, in the face of unimaginable suffering, there’s still hope. There’s hope in people like Dr. Melvin Korkor from Liberia. I know he shared his story with you earlier here today. I think it’s important for the world to hear it, for those of you who are just tuning in.

When the Ebola outbreak first began, in a different part of Liberia from where Dr. Korkor lives, he and his colleagues didn’t think they were at risk. So they kept seeing patients, including some with fevers. And as many of you know, one of the tricky things about Ebola is, sometimes, it presents itself early with

symptoms that could be malaria or typhoid. So Dr. Korkor and his colleagues didn’t have enough latex gloves to use on those illnesses; they saved gloves for things like surgeries. One of those patients turned out to have Ebola. A few nurses got sick. After caring for them, Melvin tested positive as well.

He lay in bed surrounded by other patients, forcing himself to eat and drink even though he had no appetite, watching others die. He fought off despair by reading his Bible and tried to stay calm. And he says, as he describes it, “I said to myself I was going to make it.” “I said to myself I was going to make it.” And the days passed. Doctors and nurses gave him the best comfort and care that they could, and Melvin pulled through. He survived. And he says, “It was like being reborn.” And now, nearly 2 months after being declared disease free, he’s counting down the days until his hospital reopens and he can get back to work in just a few weeks.

So, Melvin, your story reminds us that this virus can be beaten, because there are strong people, determined people in these countries who are prepared to do what it takes to save their friends and countrymen and families. But they need a little help.

At this very moment, there are thousands of health workers like Dr. Korkor in West Africa—on the ground, in cities, neighborhoods, and remote villages—doing everything they can to stop this virus, whatever it takes. And we have the tools to help them, to save lives. We have the knowledge and resources, not just to stop this outbreak, but to prevent something like this from happening again.

It is our moral obligation, and it is in our national self-interests to see this work through, to help them, to help ourselves; the commitment to make sure our Nation and our world is more secure; and the determination to work together to protect the lives of people. We have to be as strong and as determined and as driven as Melvin.

Thank you all for being part of this critical work. The United States is proud to be your partner. I’m looking forward to making sure that all these experts here get the support that

they need from their leadership. And hopefully, as a consequence of meetings like this translated into action, we'll be saving lives for many years to come.

All right. Thank you.

NOTE: The President spoke at 11:51 a.m. in the South Court Auditorium of the Dwight

D. Eisenhower Executive Office Building. In his remarks, he referred to Margaret Chan, Director-General, World Health Organization; and Melvin Korkor, physician, Phebe Hospital in Bong County, Liberia. He also referred to Executive Order 13676, which is listed in Appendix D at the end of this volume.

## Statement on the End of Anders Fogh Rasmussen's Term as Secretary General of the North Atlantic Treaty Organization

*September 26, 2014*

Today marks the end of Anders Fogh Rasmussen's term as Secretary General of the North Atlantic Treaty Organization. As Secretary General, he has been a dedicated leader and tireless advocate for the importance of the transatlantic alliance as the cornerstone of Euro-Atlantic relations and security. Under his leadership, NATO allies have worked together to address a wide range of security challenges, from continuing our work in Afghanistan and the Balkans to leading the international effort in Libya. In the final year of his tenure, his leadership has been critical in guiding NATO's response to unexpected and serious challenges posed to our common security by Russia's aggressive actions in Ukraine and the growing threat of ISIL in the Middle East. Secretary General Rasmussen's strategic vision for the alliance has helped guarantee our readiness to meet any threat, and our alliance is stronger because of his leadership.

Anders brought a deep personal commitment to assuring a Europe that is whole, free, and at peace, based upon his unwavering commitment to the shared common values that bind us as allies: freedom, democracy, human rights, the rule of law, and the dignity of the individual. So, as he leaves his post today for the last time, we express our gratitude for his friendship and selfless service to NATO, a sentiment I know is shared deeply on both sides of the Atlantic.

As Secretary General Rasmussen's term comes to an end, we warmly welcome his successor, former Norwegian Prime Minister Jens Stoltenberg. Secretary General Stoltenberg will bring energy, experience, and a keen understanding of the importance of defending our values and maintaining our commitments to each other's security, and I look forward to working with him to address the new and emerging challenges we face as an alliance.

## Memorandum on Deferred Enforced Departure for Liberians

*September 26, 2014*

*Memorandum for the Secretary of Homeland Security*

*Subject:* Deferred Enforced Departure for Liberians

Since 1991, the United States has provided safe haven for Liberians who were forced to flee their country as a result of armed conflict and widespread civil strife, in part through

granting Temporary Protected Status (TPS). The armed conflict ended in 2003 and conditions improved such that TPS ended effective October 1, 2007. President Bush then deferred the enforced departure of the Liberians originally granted TPS. I extended that grant of Deferred Enforced Departure (DED) to September 30, 2014. I have determined that there are compelling foreign policy reasons to again extend DED to those Liberians presently resid-