Some Insights from Anthropologists on Ebola

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Introduction and Content

This presentation: summary of some material gathered through anthropological networks (including the American Anthropological Association, the largest association of anthropologist worldwide, and personal networks). This is meant as a perspective and an overview.

Content

- A perspective on current anthropological concerns
- African context & background
- Local practices
- Resources

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Melissa Cefkin (PhD Anthropology, Rice) is a manager at IBM Research with a research focus on work and consumption practices in complex technical and organizational contexts. She has deep experience in design and consulting, and was previously a Director of Advance Research, User Experience, and Experience Modeling at Sapient Corporation, and a senior research scientist at the Institute for Research on Learning. Melissa served on the Board of Directors for the Ethnographic Praxis in Industry Conference (EPIC), as well as two years as conference co-organizer. She is the editor of *Ethnography and the Corporate Encounter* (Berghahn Books 2009) and the author of numerous publications, including "*The Limits to Speed in Ethnography*" (in *Advancing Ethnography in Corporate Environments*, ed., B. Jordan, Left Coast Press), "*Close Encounters: Anthropologists in the Corporate Arena*" (Journal of Business Anthropology, (http://rauli.cbs.dk/index.php/jba/article/view/3548), and "*Work Practice Studies as Anthropology*" (*Handbook of Anthropology in Business*, eds., P. Sunderland and R. Denny, Left Coast Press). She is a frequent presenter at conferences internationally, serves on numerous editorial boards, and is a Fulbright award grantee.

A perspective on current anthropological concerns

Relevant social and cultural aspects go beyond 'native' practices – avoid eroticization

- Behaviors and specific, local practices
  - eg., death, initiation, burial, illness care, food practices, marriage patterns, inter-species relations
- Structural, historic, dynamic
  - Eg., poverty and food insecurity, deforestation, investment patterns, inter-ethnic political conflict, national & international development and politics (eg. structural adjustment)

Requires complex, non-dichotomous thinking

- Multiple and syncretic ethnic, religious and linguistic groupings
- Categories of beliefs and practices not exclusive, eg, medical disease categories + sorcery
- History of intersection with Ebola and other hemorrhagic diseases means there are often local responses in place
  - Eg., in Guinea, cordon off areas for self-imposed quarantine; Use of local healers for education and treatment
- Practices are changing and dynamic in response to the disease effects (eg., funeral practices) and its social effects (eg., secret societies as power structure)
- There are ways to draw on and work with local practices and knowledge

Ebola affected region in Africa

All 3 states are Republics, but of varying ages and stability; porous boundaries

Total population ~20M, half of that in Guinea

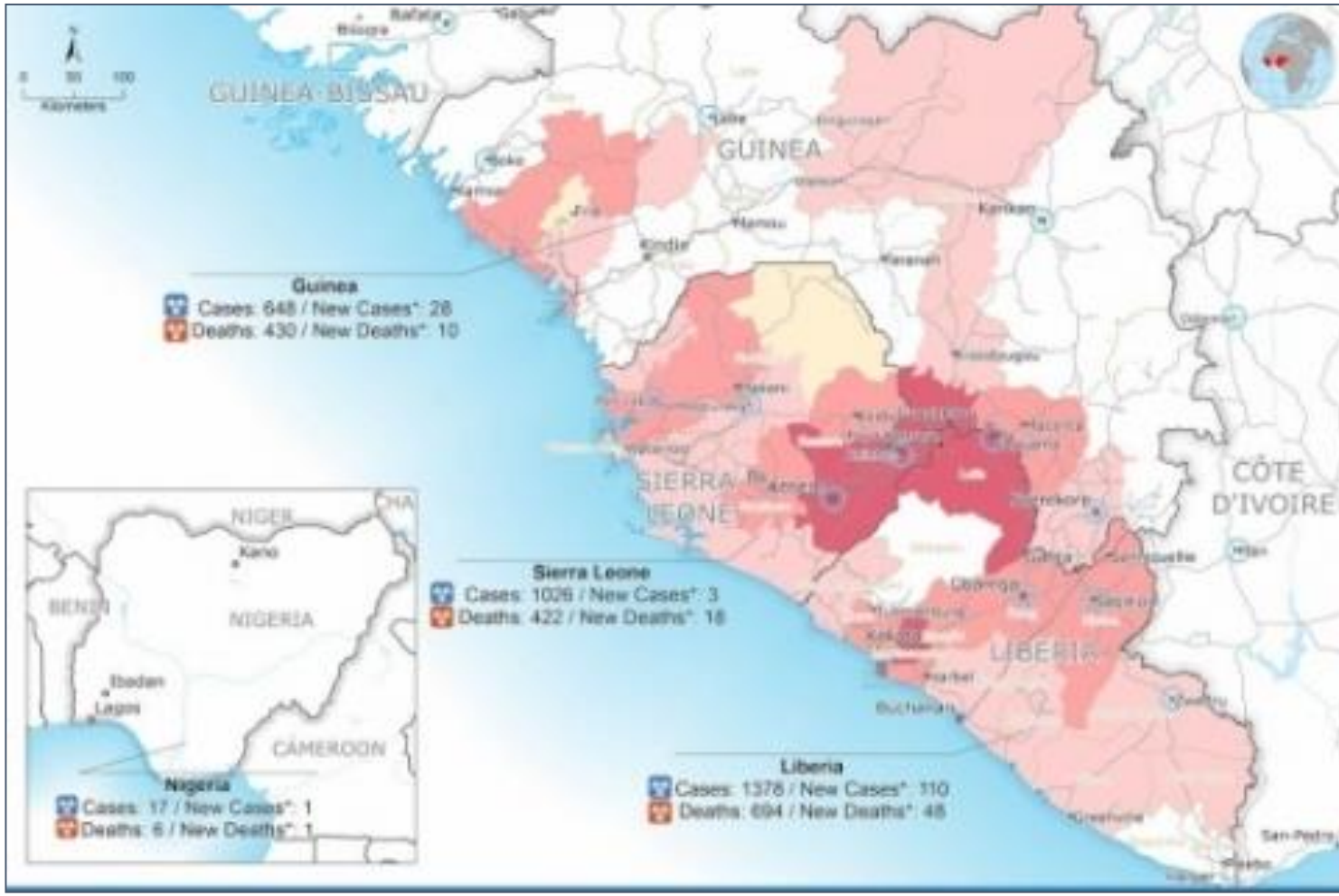
More than 30 indigenous languages, with English and French official languages

More than 24 ethnic groups; Temne, Mende, Kpelle, Fula, Mandingo, Kissi among the largest/most spread

- Can effect power structures, resource dissemination, family patterns, cultural practices and so on
- In SL, most affected regions are Mende

Majority are Muslim (70% - 85%), with Christianity next; 7% or less in each country of traditional religions

- But much syncretic practices



Source: UN City Copenhagen, Sept. 16, 2014 http://un.dk/en/node/132

Examples of structural, historical complexities

- “Patchy” medical preparedness:
  - Earlier wars **+** international imperatives (eg., WHO) to prioritize certain diseases or conditions (eg., infants and mothers) **=>** under-developed medical systems, less training of doctors capable of handling; “time limited” results
- Mistrust of hospitals and medical care:
  - eg. Sierra Leone wars and extremely-ill equipped hospitals => people have to bring or buy their own bedding, drugs, dressing; hard to get to requiring private transport, costly and over-crowded **=>** healers come to house, flexible payment, more trustworthy
- Porous borders:
  - Uneven and scarce availability of medical resources (from earlier wars, overwhelmed due to Ebola) **=>** people have local knowledge and move in radial and circular patterns to follow
- Food insecurity:
  - under-development **+** inter-ethnic distinctions of power to control supply **+** price gouging of needed items such as food, chlorine, protective gear **=>** choosing where to spend money, food or Ebola-protection items or phone calls to hotlines
- Suspicions of institutions:
  - Views of state, corporations and NGO’s may be negative due to earlier extractive relationships

To what degree can structural/historical factors be included as modeling parameters?

Some particularly relevant cultural practices

- Life cycle initiations
- Illness, Diagnosis, Treatment, Care
- Death
- Burial
- Food

All practices varying by region, ethnicity and local practices, and are likely to change. It is hard to standardize.

Life cycle (practices vary across region)

- Reproduction of living things: healthy world is properly ordered, each in its place that reproduces accordingly, eg., people in villages, animals in the bush. Try to avoid confusion caused by mixing cycles/locations (eg. Kissi)
  - Those who are part of cycle of bringing life (pregnant, midwife) into world can not care for those at death's door
  - Death and burial should be in the village (different definitions of what counts) if member of community; death of 'strangers, passer-bys can bring disorder
  - Not burying pregnant woman with fetus – can offer reparation ritual (example of how to work within the cultural systems with more sensitivity)
- Ancestors are the ultimate source of blessings and misfortune – hence importance of burial practices
- Marriage patterns –bride moves to groom's village, remains outsider until all obligations (including full payment of bride price) completed
  - If not yet complete, upon illness family may travel to the village to seek completion of obligations, or corpse returned for burial that
- Initiation of youth
  - May be less complicated if child dies, but if close to initiation phase would need to complete it
  - More body, preparation if requires initiation: eg. For girl may include FGM, if engaged groom may have to marry the corpse and spend the night
- Death of first born needs to handled differently
  - In some places, 'returned to the land' instead of to the village of the ancestors as a sacrifice

Illness Diagnosis, Treatment, Care (practices vary across region)

- Models for interpreting and responding to sickness are multiple and non-exclusive
  - Eg. In Mende areas, "big and small fever" and "ordinary and hospital sick" + specific diseases.
  - Diseases can be understood to have multiple causes, such as germ theory and 'witchcraft'; eg., sorcerers take advantage of weakness to strike
  - Medical diagnosis may not be seen as conclusive
- Witchcraft/Sorcery:
  - Dangerous disease may be punishment for social fault, that needs to be identified and handled
  - There are different kinds of witchcraft, who/where 'fault' lies
    - malicious spirits, bad intent from sorcerer, inappropriate behavior brought on witchcraft are each different,
    - Lead to different ways of handling
- People may travel far to consult renown practitioners of varying kinds, and with flexible payment options
- Care of ill people may involve lots of visiting, fulfilling wishes
- Where there is knowledge of protective actions, may not be able to take actions
  - Can plastic bags be used as protective cover if gloves are unavailable/cost prohibitive?

Death (practices vary across region)

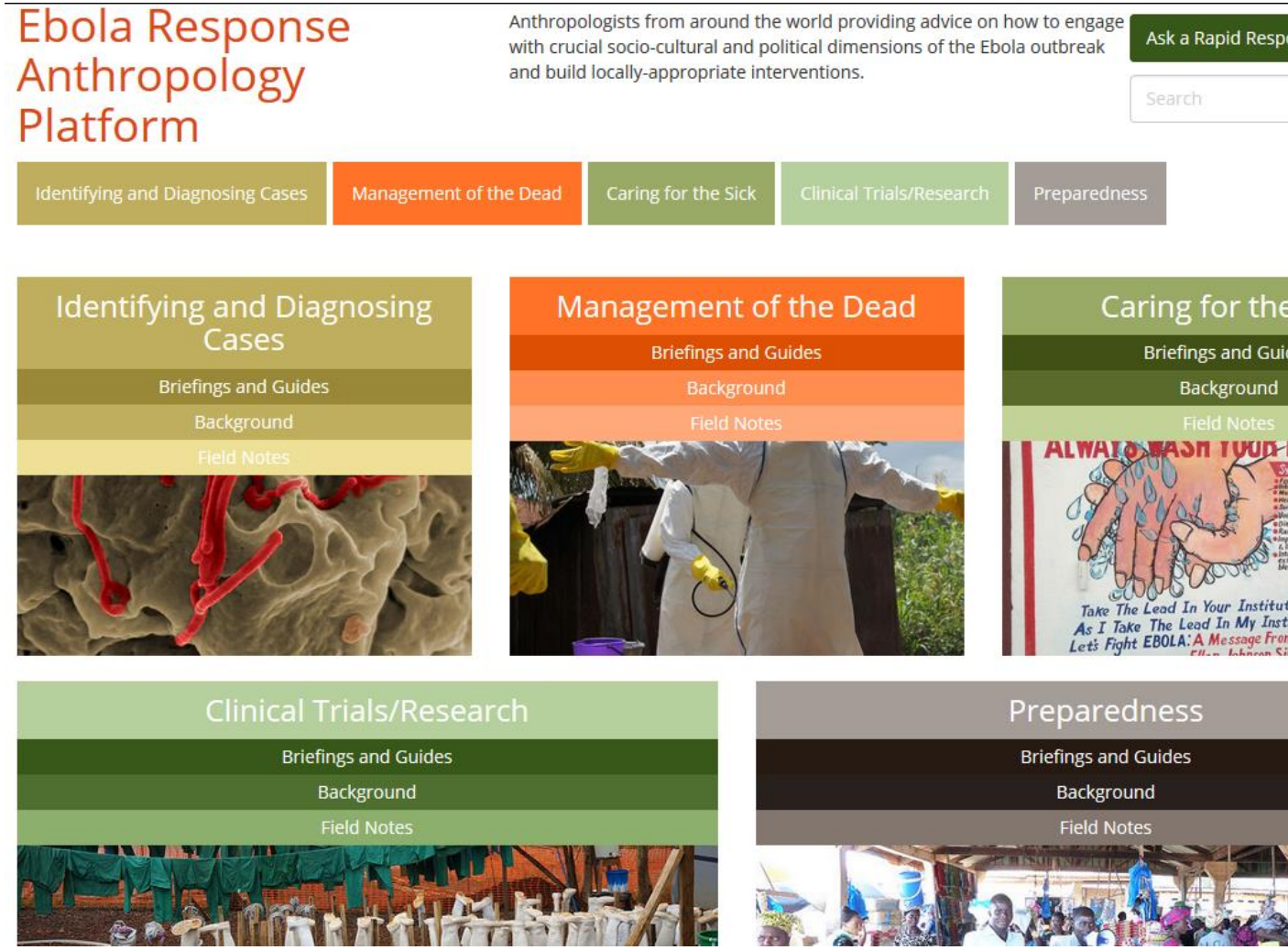
- Some experience with people reviving after death, so touching is a way to confirm they have really died (rural Sierra Leone)
- What happens at death may determine fate of deceased and living
  - Fate is determined by those who attend to the death, not by how the deceased lived
  - Is deceased able to transit to the 'village of the ancestors'? If not, may need to complete it.
    - Youth in process of initiation to adult may need to complete (eg., female circumcision)
    - Final stages of marriage, such as payment of bride price, may still be in process
    - Pregnant woman can't be buried with fetus
  - Have all social obligations been paid? If not, may bring tragedy to family/village (eg., drought, barrenness)
- Visiting dead normal part of practice – significant guilt if not
  - Empathy
  - Discharge social obligations
  - Failure to visit can raise suspicions
- Last wishes need to be understood and honored – Practical issues of how to do if in isolation?
- In urban areas, more commonly follow Muslim and Christian practices
  - Muslim – same day burials, shroud
  - Christian – may wait up to weeks, coffin
  - Both use cemeteries, involve community in social memorials, etc.

Burial (practices vary across the region)

- Burials may be strictly controlled by secret societies
  - Determine ‘causes’ including sorcery; what needs to be done to complete transition to ‘village of the ancestors’; proper location of burial; body preparation
  - Some actions of medical workers may overlap with secret societies and be interpreted accordingly (both positive and negatively). Eg., masking/protective covering, hiding/isolation
  - Not allowing secret societies to be involved in burial may be making matters worse (eg., later digging up graves)
- Timing
  - Can be done more quickly for less important person, more complicated for important people
- Location and transporting
  - A bride where marriage gifts are incomplete should be returned to her village
  - Strangers should be buried at a distance
  - It is important to know the location of graves for later sacrifices; may be able to handle symbolically, eg., carry stone back
- Body preparation
  - Practices change over time
  - Commonly washed and prepped 2 times – once in fine clothes for funeral, than again for burial
  - Kissing – disputed how broadly this is a traditional practice
- Divination practices – must ascertain if killed by a sorcerer or is a witch themselves
  - Determination can involve inspection of organs, parading body
  - Witches must be buried differently
- Alternative practices, if sanctioned by secret societies and tradition, can be possible. Eg., leaving a non-contact gift (such as money) instead of touching body

Food (practices vary across the region)

- Bats
  - Question of deforestation leading to greater human-bat contact and viral spillover, however anthropological analysis shows long history of mosaic of forest, savannah and farmland land patterns; Long cohabitation
  - View that western “disgust” fuels media reporting on bushmeat consumption
  - May be higher risk for hunters, more likely to come into contact with blood

Current Resources

- Ebola Response Anthropology Platform http://www.ebola-anthropology.net/Platform
- Ebola and Anthropology webinar http://www.youtube.com/watch?v=4X8LGrkDxcU
- Ebola in Perspective http://www.culanth.org/fieldsights/585-ebola-in-perspective
- Ebola Web
  www.ebolaweb.org
- Ebola fieldnotes
  http://somatosphere.net/series/ebola-fieldnotes