

Introduction: Ebola In Perspective

by Mary Moran and Daniel Hoffman

This article is part of the series [Ebola in Perspective](#)

There is a common thread running through the international coverage of the Ebola epidemic in the three countries of West Africa's Mano River Union (Guinea, Sierra Leone and Liberia). Whatever the specific topic—the pathology of the disease, the politics of the region, the customs and cultures that supposedly fuel the virus's spread—the subtext is the same. This region is represented as unknowable from the outside, nonsensical from within. Its forests are too deep to truly know the terrors that lurk there. Its peoples' practices are inscrutably archaic and irrational. It is a familiar West African storyline, one told repeatedly in the 1990s and early 2000s when war and political instability presented the world with a seemingly inexplicable crisis to be resolved. Now it is disease. But in both cases the picture is of a catastrophe without logic or historical causes, a technical challenge to be met but not a socio-political event that can be, or even should be, explained.

As the press coverage has noted, this Ebola outbreak differs from those in the past in that it has not been limited to rural, isolated communities and therefore threatens to last much longer and affect more people than any previous instance. Originating in Guinea, in an area of already porous borders and dense transnational trade networks, the disease moved quickly to Sierra Leone and Liberia, both still recovering from decades of internal conflict. Countering the universalizing narrative of "African" sameness and helplessness is the effective response of two other West African states where Ebola has appeared: Nigeria and Senegal. In the former case, an infected Liberian government official traveling on official business brought the disease to Lagos, where it spread to the health care workers who cared for him. In spite of the fact that Nigeria, the most densely populated country on the African continent, has a well-known reputation for inefficiency and chaos, the virus was quickly contained. As of September 28, there have been 8 fatalities from Ebola among 20 confirmed cases. Over 300 known contacts of the stricken are under watch. In Senegal, where the disease arrived with a Guinean student visiting family in Dakar, there have been no deaths at all. The student has recovered and while 67 contacts continue to be monitored, the spread of the virus seems to be halted.

Compared with Guinea's total number of deaths at over 600, Sierra Leone's over 500, and Liberia's close to 1500, these figures for Senegal and Nigeria demonstrate that an intact, undamaged, yet still *African* health care system is perfectly capable of dealing with even so deadly and dangerous a threat as Ebola. What is different about the Mano River countries is their recent history of war, state collapse, and crises of governmental legitimacy. In the case of Sierra Leone and Liberia, an additional factor may be the role of multiple and diverse external humanitarian organizations in managing health care in the post-war period, effectively removing more centralized local governments from the responsibility of monitoring and coordinating a single health care policy. This is not to say that humanitarian organizations have not been the heroic frontlines of the fight against the disease, or that they have not fought for the world's attention, often ungranted until it was almost too late. However, the consequences of leaving the health care of millions of people in the hands of nongovernmental, private organizations is another lesson learned from this crisis.

The contributors to this Hot Spots series on Ebola in West Africa offer their personal and professional experience in this region as a counter-argument. Not all of our contributors are anthropologists: some are poets and musicians, political scientists and scholars of communication. But all bring to this collection a sensibility deeply rooted in direct, long-term experience with the affected countries and their citizens; indeed some are citizens of Sierra Leone, Liberia, and Guinea themselves. In the current epidemic, as in the violence that preceded it and in the long uncertain period to come, intervention and understanding are not separate. One is not possible without the other. The confused and anemic response of the Liberian government in the early days of the outbreak cannot, for example, be dismissed by calling Liberia a "failed state." It is, as a number of the essays here point out, the consequence of a specific set of decisions about post-war reconstruction priorities, decisions that were made both in and outside of the Mano River region. If we are to understand why some Liberians chose not to send their loved ones to public health facilities, or why some of those who did have been turned away, these decisions must be contextualized and critiqued. Sierra Leoneans whose "ignorant beliefs" about the occult origins of the virus, an oft-cited cause for the rapid spread of this tragedy, cannot be fathomed without understanding what it is that Sierra Leoneans actually say and believe about illness, misfortune, power, and the responsibilities of caring and citizenship. The media's fascination with "bushmeat" as the disease's point of transmission in Guinea was propelled by some of the grossest stereotypes of rural African life, a fascination that obscures the real relationships, human and non-human, that make up the social dimensions of this disease.

Scholars contributing to this section write of the political landscapes in Guinea, Sierra Leone, and Liberia that make the state itself both a vector for and victim of this disease (Abramowitz, Ammann, Batty, Ferme, Harman; Nguyen); they write of the social realities of funeral practices, both their limits and their potential for change (Richards); they write of the media coverage of the disease and the complex ways in which information flows in and around the region (McGovern); they write of the way Ebola discourse has entered popular culture (Benton, Tucker), occult narratives (Bolten), and the diasporic imaginary (Sayegh, Wesley); and they write of the complicated ways that Ebola links to the region's history of violence (Schroven, Soderstrom). Threading through many of these commentaries is the theme of state legitimacy and national identity: how lack of trust in government and suspicion of elected officials frame the interpretation of personal and family misfortune. The fifteen short essays collected here hardly exhaust the list of specifics that must be better understood to craft a meaningful, long-term response to this latest tragedy in the region. But collectively they demonstrate the importance of understanding Ebola in its ethnographic context.