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## Ten Things that Anthropologists Can Do to Fight the West African Ebola Epidemic

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By Eugene Raikhel

Like other anthropologists who have woken up mid-career and found the countries where they've lived and worked awash in mass deaths (and let's be real... that's quite a lot of us), my initial response to the Ebola outbreak in West Africa was to hope that the experts had the situation under control, and bury my head in the sand.

Soon, the epidemic outpaced the global health response, and the calls for help grew more urgent, but anthropologists' phones have stayed startlingly quiet. While leaders at the Centers for Disease Control (CDC), Médecins Sans Frontières (MSF), and the World Health Organization explained how factors like culture, weak governance systems, [human behavior](#), and [social organization](#) made the outbreak unintelligible to the global health community, academics who work in the region like [Danny Hoffman](#), [Rosalind Shaw](#), [Mats Utas](#), [Chris Coulter](#), [Mary Moran](#), [Susan Shepler](#), [Adia Benton](#), [Mike McGovern](#), [Sasha Newell](#), [Gwen Heaner](#), and [Marianne Ferme](#), not to mention anthropologist from the global south like [Sylvain Landry Faye](#), have remained untapped as resources for understanding and creating innovative new approaches to attacking the Ebola outbreak at its source.

Let me share one example from a recent phone call that I made to the New York City office of Doctors Without Borders:

SA: Hi. I'm a medical anthropologist with 14 years of experience studying healthcare, health systems, and humanitarian aid in Guinea, Liberia, and Cote d'Ivoire. I heard your director put out a call for help on Ebola on NPR today, and I really think I can help you.

MSF: I'm sorry, but we don't work with medical anthropologists in general, except for under very rare circumstances. If you really want to help out Doctors Without Borders, you are going to have to go to our website to register as a volunteer. The process takes nine to twelve months, and even if we decide that we need your skills, we still won't guarantee that you will go to the county where you have done research. But please understand that it's extremely

rare that we ever have a need for a medical anthropologist.

A more concerted engagement between anthropology and global health is needed to address the unique challenges of the Ebola outbreak. Anthropologist-physicians like Jim Kim, the current President of the World Bank, and Paul Farmer, who is opening four new hospitals in Liberia as I write, are both closely involved with the Ebola response in their capacities with the World Bank and Partners in Health. Other African and Western anthropologists have been hired singly, or on a consultancy basis, to bring an anthropological perspective to World Health Organization local assessments and [MSF activities](#) in Liberia. Many more anthropologists of West Africa are being invited to write *commentaries* on the current outbreak. But this does not go far enough.

In this article, I share a 10-point list of actions that anthropologists could take, right now, to improve the global response to the West African Ebola outbreak. Take notice, global health and national and international biosecurity communities. There exists an entire discipline of anthropology that is dedicated to connecting the global and the local, to understanding and mapping populations in crisis, and serve as interlocutors<sup>[1]</sup> between international institutions and local populations *in this region*.

**1. Anthropologists can teach epidemiologists how to count the dead in West Africa.** It is common knowledge that there is an enormous gap between counted Ebola deaths and actual deaths. In the space between, critical intelligence is lost concerning the patterning, movement, and expansion of the epidemic. Cultural anthropologists routinely work with local institutions to track morbidity and mortality in contexts that lack formal birth and death registration systems, public health infrastructures, or modern industrial burial industries. Two examples come to mind:

1. In her ethnographic work on infant starvation in Bom Jesus, Brazil, Nancy Sheper-Hughes [counted child-sized coffins](#) to gather data on seasonal infant mortality related to malnutrition, starvation, opportunistic infections, and diarrheal diseases.
2. In a forthcoming publication<sup>[2]</sup>, Alex de Waal triangulated data on lethal mortality in the Darfur region of Sudan (tribal reports, UN mission reports, and UN incident reports) to generate improved analyses of lethal mortality patterns (see also de Waal 2014).

Novel ways of tracking the toll of Ebola can be generated quickly using ethnographic methods to collect data. But new partnerships between anthropology and epidemiology – and a greater tolerance for multi-disciplinary collaboration – are required to proceed.

**2. Anthropologists can systematically observe, report on, interpret, and explain local perspectives on the Ebola epidemic response.** This is the most expected function of anthropologists, and it is, indeed, the function for which we are most often employed. In order to get past distorting reports of unreasonable local populations, disinterested local medical professionals, and “blaming the system,” anthropologists are able to *make sense* of local ideas, beliefs, and behaviors in ways that are *actionable*. Three examples suggest themselves:

1. When residents of West Point, the Monrovia, Liberia ghetto, are told not to touch the bodies or corpses of individuals who have shown symptoms of Ebola, is it acceptable for them to use cheap plastic market bags instead of latex gloves?
2. How can a neighborhood-based quarantine systems work in a way that doesn't increase local contagious risk?
3. What are the financial costs to poor populations who are asked to call in to Ebola hotlines, and are those costs bearable under current conditions of food shortages and economic crises? If the costs are not bearable, what communication systems can be put into place to facilitate “ground-up” communication with regional, national, and international systems

**3. Anthropologists can detect emerging health risks in the “noise” around Ebola.** Consider the following: On September 12<sup>th</sup>, the WHO reported that a black market had emerged for Ebola survivor's [serum](#). Anthropologists have developed sophisticated ethnographic approaches to *track* black market flows, and are skilled at *making visible invisible connections* between donors and dealers, buyers and healers. We can also work in partnership with local institutions to seek out emerging public health threats that are arising in concert with Ebola, and craft swift and effective responses.

**4. Anthropologists can identify local health capabilities and latent social structural capacities for emergent Ebola responses.** As #3 suggests, the people who live in Ebola affected regions of West Africa are tremendously innovative and inventive. In fact, one of the most extraordinary outcomes of this current epidemic has been the resilience of local populations under extreme systemic stress and perceived mortal threat. Rather than focusing on “culturalist” issues like Ebola-[denialism](#), [funerary practices](#), news of [violence against aid workers](#), and [labor strikes](#), anthropologists are sensitive to the fact that the populations in Ebola-affected regions are, in fact, human, and that they are inventive, adaptive, able to respond to impending threats in their environments, and deeply clannish – they love, they provide care, and they are, above all, concerned with the well-being of their families and communities.

For example, ethnographer, religion scholar, and development consultant Gwen Heaner noted in a recent personal communication that Pentecostal and Seventh-Day Adventist networks of pastors in Liberia remain untapped as potent allies in the fight against Ebola, while the CDC has already reached out to mainstream churches. At the same time, Pentecostal and Seventh-Day Adventist pastors are implementing strict protections against Ebola by banning touching during church activities. They support their actions with the New Testament verse 1 Timothy 5:22: "Do not lay hands upon anyone too hastily and thereby share responsibility for the sins of others; keep yourself free from sin."

**5. Anthropologists can convene [university-based multi-disciplinary study groups](#) that include undergraduate students, graduate students, and faculty to track the epidemic in real time, focusing on the sociological, economic, political, and cultural aspects of the outbreak.** These groups can serve as sites for education and advocacy, fundraising, original research, and coordination in local communities across Europe and the United States. Using very few resources, they can serve as clearinghouses that link scholars with prior experiences of Ebola (e.g., Uganda, Democratic Republic of the Congo) or other epidemic containment efforts with academics and practitioners who are involved in the current effort.

**6. Anthropologists can share their networks of local contacts with global health experts who are trying to coordinate a response.** Anthropologists who work in coordination with local communities often have close, long-term personal and professional relationships with research assistants, community members, and private and public sector leaders. Increasingly, it appears as though a coordinated local response will be required to slow the pace of the epidemic. In sharing our networks informants, friends, and colleagues with local health professionals and international aid organizations, we can facilitate the development of bi-directional communication across local, national, and international institutions.

**7. Anthropologists can provide training, coordination, and qualitative data analysis to support to local Liberian, Sierra Leonean, and Guinean teams who try to use local information to design effective interventions.** Much of the social and cultural analysis that has emerged from the Ebola epidemic has been fragmented, anecdotal, and sensationalized. This need not be the case. Working remotely from academic centers in the West, anthropologists can work in collaboration with local research teams based in NGOs, at Ministries of Health, and with the WHO to *systematically* gather, analyze, and report upon real-time data regarding the social and cultural conditions that are impacting the Ebola outbreak. This information can then be factored into real-time decisions

about public health strategies like mass communication campaigns, treatment center access, infrastructure development priorities, staffing allocations, and material and human resource investments.

**8. Anthropologists can take the lead in generating innovative solutions to the global health community's mass health communication challenges.** As a community, we can come together to publicly “brainstorm” strategies and interventions. We can offer counter-interpretations of current events, alternative readings of histories, and refined analyses of systems challenges in order to more precisely isolate actionable areas for improving the Ebola response. Under the rubric of the AAA, we can organize a *National Task Force on Ebola*, create opportunities for scholarly exchange, debate, and reports through the coming AAA conference, and use the AAA national platform to maximally engage national anthropological resources.

**9. Anthropologists, especially through the leadership of the American Anthropological Association, the European Association of Social Anthropologists, or the World Council of Anthropological Associations, can advocate more strenuously for a “seat at the table” for the social sciences to contribute to the Ebola effort.** As individuals and as an Association, anthropologists can reach out to our colleagues in government, public policy, public health, and medicine to remind them of the unique social and cultural challenges that Ebola poses, and identify missed opportunities that have resulted from failing to integrate the social sciences into a truly robust, multi-disciplinary response. A far more sophisticated understanding and operationalization of culture and human subjectivity needs to be integrated at every level into the global response to this epidemic, or – as current projections suggest – the possible human toll will rival those of genocides. Present approaches are failing, and the *current* devastation of the economic and medical systems in these countries, and the existential threat confronting their national food security, emerging economies, and post-conflict democratic political systems, needs to be monitored and responded to as carefully as the growing case counts reported daily in the international media.

**10. Anthropologists in the U.S. can increase pressure on Congress to provide funding for NSF RAPID Research Grants for Ebola research, and for all other basic social science research that seeks to engage with real-time emergencies.** Presently, in the United States, there are few robust mechanisms for funding emergency anthropological research, or partnerships between anthropologists and other disciplines, in order to address critical human health issues. [NSF RAPID Research Grants](#) are an exception. These grants are designed to bypass a lengthy process of external review in order to facilitate the accelerated development of research projects in emergency situations. Within NSF's cultural

anthropology section, however, NSF RAPID Research Grants are funded in the same pool as conventional NSF senior, NSF CAREER, and graduate student dissertation (DDIG) proposals. A dedicated funding line should be established that commits national resources to *rapidly* drawing upon anthropological knowledge and research in global emergencies at the NSF, at the CDC, and in the Department of Homeland Security. Moreover, anthropologists should be encouraged to draw upon *all* of the resources that can facilitate their research in affected regions.

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### **Notes**

[1] I send a credit to [Dorothy Hodgson](#) for her unique understanding of the term "interlocutor."

[2] In forthcoming edited volume Abramowitz. S. and C. Panter-Brick, Eds.

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