

INTRODUCTION

Producing Ebola: Creating Knowledge In and About an Epidemic

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Try to remember what it was like during the fall of 2014. Ebola was always in the news, the virus was spreading and people were dying at an increasing rate in West Africa. Although there should have been ways to stop it, more and more people were falling ill. In the United States, there was near panic about the possibility of it coming here. In September 2014, the Centers for Disease Control released a model that estimated that, in the worst-case scenario, the number of Ebola deaths in West Africa could reach 1.4 million. There were more cases than there were beds, and the ill were collapsing outside of Ebola Treatment Centers.

Anthropologists who had worked in Guinea, Sierra Leone, and Liberia—the three countries most affected by the Ebola outbreak of 2013–2015—felt sadness, fear, anger. We felt sadness at the losses our friends were suffering and at the risks they were taking. We feared that the illness would spread, and that we were helpless against it. Despite a scholarly predisposition for observation and remove, many of us wanted to help, to *do* something. When it became clear that elements of the response were at best culturally insensitive and at worst wrong-headedly biomedical or even militaristic, we felt angry that the response was not making better use of the knowledge we had labored to create over the years, angry that we were

not being consulted. We also felt confused. What was the appropriate use of our expertise? What, really, could we or should we *do*?

Fragmentation and Disorientation

We convened at George Washington University hurriedly, anthropologists who worked in West Africa and dropped everything to answer a call from the American Anthropological Association to gather in November 2014, out of a need to do something, anything, to address the unfolding Ebola crisis. This was uncharted territory, for the AAA had never before convened a group specifically to address a humanitarian crisis. Most of us were not sure what this “doing” comprised, as we were remote from a situation that was changing rapidly, our understandings of the social worlds of Guinea, Sierra Leone, and Liberia molded over years of slow, careful work of “being there.” Tensions also existed in the fact that we were researchers—usually shy to translate or promote our work as “doing”—suddenly thrusting ourselves into that role. We did so from a place of intellectual engagement, but also from an emotional drive to not be passive observers to a crisis that threatened the lives of so many of our friends and colleagues, and yet had thus far left us without ways to act in our professional capacities.

Catherine Bolten had learned of the deaths of two friends by the time she made the journey to this meeting. She remembers sitting at the massive conference table on the first day, furtively checking her phone to see if a truckload of rice she had sent to central Sierra Leone to relieve the food crisis brought on by the epidemic had arrived at its destination. It was difficult to focus on the collective brainstorming of culturally-sensitive recommendations to make to NGOs, when emotions had already moved her to mount her own personal humanitarian response. And yet, even as so many of us leapt into action ourselves, we critiqued the international response, and strove to find ways to insert ourselves into the larger conversation. The room was choked by a stifling schizophrenia that never cleared, and most of us left the meetings wondering what we had accomplished, and what, really, was the role of anthropology in addressing and abating a profound, and profoundly complex, human crisis. After all, the rice did reach its destination. When Bolten was first able to visit that community again in 2016, many people mentioned it as the only relief they received, and that it served as confirmation that the larger ethnoprimateology project of which she was a part “would bring good things.” These were

not intellectual things that anthropology brought, but the material gifts of a frightened, grieving anthropologist.

Are we capable of entering the conversation most powerfully through our emotional connection, rather than our knowledge? How can we combine the two successfully and bring them to bear on an emergency so widespread, so complex that it prompted the United Nations to act in its first large-scale non-peacekeeping mission in its history? How, indeed, to do so in a situation where emotions are seen as a hurdle to efficient action, as irrelevant to the conversation, or worse, as detrimental to the process?

This special collection emerged from the emergency meeting that was convened at George Washington University. It was not meant explicitly as an emotional engagement, but as some way for academic anthropologists who were involved in West Africa to think through the issues that emerged in a critical, yet somewhat timely, fashion. The call for papers asked for pieces that addressed a broad, but critically undertheorized, aspect of the epidemic itself and of the humanitarian response: knowledge creation, which we treated as its own subject of inquiry. The responses we received pushed the boundaries of that call for papers in unexpected, but deeply productive ways. The articles in this special collection force us to think about “knowing” in every register and every corner: from the need to understand basic human dignity when engaging with grieving, frightened people burying their relatives, to the awkwardly budding relationship between anthropology as a “way of knowing” and its humanitarian counterpart. These papers cannot be gathered and reconciled thematically with any comfort or clarity, and so we chose to embrace the discomfort and present the tapestry of possibility of “knowing” that occurred during one of the most profound, complex human emergencies of this century. This is not to suggest that the papers are utterly disconnected, rather that they flow from one another, and converse with one another, in fresh and unexpected ways.

We begin this introduction with a timeline of the events of anthropology’s involvement with the Ebola crisis, and then address the major issues that connect the articles. The issues around which all of the pieces in this collection converge are ideas of expertise and relevance, and the converse of expertise, the “not knowing” and amnesia that surrounded the epidemic. The state and governance permeated the response and thus are also taken up within these articles. Finally, we address the role of emotion—locally, at the level of humanitarian response, and our own—that emerge strongly within the articles. Our first article is by Annie Wilkinson,

who questions the assumed novelty of the Ebola crisis with a critical look at long extant West African regional knowledge production around viral hemorrhagic fevers, and how the discounting of this knowledge—specifically people’s experiences with Lassa fever—influenced the response to the Ebola epidemic. Next is another critical reach into local history, with Moran interrogating fieldnotes she wrote in the early 1980s to answer questions about human dignity and human grief when burying deceased relatives in Southeastern Liberia, and the problems that emerge when the international community ignores dignity in favor of explanations of “ritual behavior.” Catherine Bolten and Adam Goguen write about the intricacies of knowledge production among two villages in Sierra Leone with long, intimate social and political ties to each other, and the repercussions that emerged after the first Ebola victim died, when one chief chose to adopt outsider knowledge about Ebola, and the other initially rejected it. Susan Shepler takes up the theme of corruption in an examination of how the national response to Ebola in Sierra Leone was permeated by post-colonial and post-war understandings of the power and role of the state. We finish this special collection with two social commentary pieces that examine the anthropological community’s own engagement with knowledge production during the crisis. Martineau, Wilkinson, and Parker conduct a critical examination of the “epistemic community” of anthropologists organized to coordinate with the international humanitarian response. Finally, Benton addresses the crisis and anthropology’s response as a “way of knowing” and the assumptions that shape the differential rights to produce knowledge echoed in the anthropological community’s engagement with the response. Rather than forming a coherent whole, the articles flow into and through each other, addressing overlapping but not coterminous themes of expertise, amnesia, emotion, and the state, and the roles of each in knowledge production.

Timeline of Anthropology’s Engagement with Ebola

Anthropology obviously does not move as one, and it is our diversity, debates, and differences that create and move the discipline. So describing anthropology’s engagement with Ebola requires discussing the work of individuals, differently located in scholarly and other institutions internationally, as well as networks of individual anthropologists, publishing venues, funding mechanisms, donors, and disciplinary organizations.

Some are professors researching and teaching in anthropology departments, some are consultants for international development organizations or governments, and some are students. Each of these positions entails different levels of power, access to funds and publishing venues, and access to policy makers, implementers and practitioners. The Mano River Union countries (Guinea, Sierra Leone, and Liberia) are relatively small and share a great deal of history and culture, so it is also safe to say that the anthropologists working in the area were somewhat aware of each other, at least enough to cite each other's work. The diversity of our interests meant that while some are working squarely in the field of "global health," others are focused on kinship, religion, gender, agriculture, politics, and so on.

Ebola did not begin in Guinea, and neither did anthropology's engagement with it. Anthropologists Barry Hewlett, Alain Epelboin, and David Berliner wrote (often with collaborators from other disciplines) about a 2003 outbreak in the Democratic Republic of Congo (Formenty et al. 2003, Hewlett and Amola 2003, Berliner 2004), but these works were published in French language outlets. The Hewletts then published a 2008 book on Ebola, a textbook for undergraduates, it was not much read by policy makers until the beginning of the large outbreak in West Africa. In 2014, Brown and Kelly preceded the large West African outbreak with an article "Toward an Anthropology of Viral Hemorrhagic Fevers."

When the outbreak started in Guinea in December 2013, several anthropologists were already working on the ground and others joined deployed later on with an Ebola-specific mandate. For example, Julienne Anoko worked with the World Health Organization (WHO) in Guinea, Fernanda Falero worked with Médecins sans Frontières (MSF) Spain in Sierra Leone, Juliet Bedford worked with the UN Mission for Ebola Emergency Response (UNMEER). As the outbreak grew, and the gap between health promoters and local populations became clearer, there were calls from several quarters to include anthropologists—or at least anthropological perspectives—in the Ebola response (Jones 2014). These calls came from frustrated officials who, for example, could not understand why local people persisted in "traditional" burial rituals (Fairhead 2014). They also came from frustrated anthropologists concerned that officials were treating African cultures as backward and unchanging (we will discuss the complexities of these positions further below).

On October 7, 2014, the first major public engagement of anthropologists came with the publication of “Ebola in Perspective” in the *Cultural Anthropology* “Hot Spots” section, edited by Mary Moran and Daniel Hoffman.¹ The medical anthropology blog, Somatosphere, also posted Ebola-related content as a series entitled “Ebola Fieldnotes” starting August 31 2014 and continuing to the present. Up to that point, engagement on the part of anthropologists in the US and Europe was largely limited to what we usually do when confronted with a human crisis: we write about it.

Between August and October 2014, networks of scholars began to form. In the UK, development funders DFID and the Wellcome Trust supported the Ebola Response Anthropology Platform.² A network of European scholars led by Vinh-Kim Nguyen, Paul Richards, and Mariane Ferme met in Amsterdam to coordinate a path forward for anthropological engagement in late September 2014; and the Réseau Ouest-Africain SHS Ebola Network³ —a Francophone listserv for anthropologists operating in French-speaking countries in the West African region—was founded by Alice Desclaux, Sylvain Landry Faye, and Bernard Taverne. In the US Sharon Abramowitz spearheaded the Emergency Ebola Anthropology Initiative, and mobilized support from the American Anthropological Association, the Wenner-Gren Foundation, the Harry Frank Guggenheim Foundation, and the International Development Research Centre (IDRC). The steering committee⁴ convened a meeting in early November in Washington, DC (see Abramowitz and Bedford 2016 for a summary of the actions of the initiative, see Benton this issue for a critique of some of the aspects of the meeting and another timeline of anthropology’s engagement). The various networks collaborated through e-mail and various web platforms, engaged with policymakers and practitioners in government and non-governmental organizations, and wrote short memos attempting to condense their expertise (see Anoko 2014, for example).

For many of us, the fall of 2014 was filled with meetings and media appearances. We participated in events at our home institutions and at national and international conferences including those of the American Anthropological Association, the African Studies Association, the European Conference on African Studies, and the European Association of Social Anthropologists (see Henry and Shepler 2015 for a summary of one of the AAA panels). While anthropology has a long history of being reflexive about

ethnographic work, Benton's piece in this issue questions the results of all of this "engagement" from both an ethnographic and ethical perspective.

Anthropology's critique of the initial Ebola response was that the international focus on eradicating Ebola through Western public health models failed to halt the disease's spread *precisely* because of the omission of the importance of working within and through local social practices and disease models. The early response to the epidemic was characterized by the deployment of medical missions producing and translating biomedical knowledge, an approach that devalued the consideration of local forms of knowledge production about health and illness, life and death, and the afterlife. The epidemic was exacerbated as these "ways of knowing" clashed, with communities blocking healthcare workers from accessing their sick and hiding their dead for burial in secret. The contributors to this special collection explore the interface of the bodies of knowledge and worldviews brought to bear on ending the Ebola epidemic, from local knowledge and practices about caring for the ill and burying the dead, to western biomedical models involved in diagnosis, treatment, and clinical trials, to international humanitarian organizations tasked with implementing public health measures. Most importantly, we address the process of transforming anthropological knowledge itself into a way of knowing that could be readily adapted to humanitarian response.

The contributors to this special issue of *Anthropological Quarterly* address these questions of knowledge production, translation, and expertise in articles that tackle a myriad of "ways of knowing" about how communities—be they scientific, medical, villages, or governments—experience, understand, and react to epidemic diseases. Contributors address facets of this crisis ranging from the adaptation of practices in the service of safe burials, to how the bodies of Ebola victims were constructed as sites of knowledge production, to critical historical and global examinations of how this supposedly 'unprecedented' outbreak had many precedents in the region and in related hemorrhagic fevers. Moving between how anthropologists could 'know' local context in their own absence from these communities to the 'lessons learned' from the epidemic, the contributions to this issue shed light on how the creation of knowledge was itself fundamental in determining the contours of Ebola in West Africa. In the end, this collection of articles poses difficult questions about the packaging of expertise itself, and whether Anthropology's forceful bid to be taken

seriously during this epidemic will continue to mold the way anthropological knowledge is produced, translated, and consumed.

The Ebola epidemic, and our subsequent journey through the creation of this special issue, have revealed that Anthropology is itself a “local” way of knowing, in Taiye Selasi’s (2014) sense of our rituals, relationships, and restrictions. The discipline of anthropology in many ways transcends the various physical locations from which anthropologists originate, creating our own social world with its own ground rules for knowledge production. We are tied together by our myriad rituals (from the *rite-de-passage* of “fieldwork” to the relatively slow pace of academic output), by our relationships (be they the carefully nurtured connections that enable fieldwork or our intellectual and social connections with and defense of each other), and by our restrictions, (most notably in this case our inability or unwillingness to make rapid-fire assessments from very little data, and issue practicable solutions that depend on parsing great clarity and simplicity from chaos). If we are to “do” anything during complex emergencies in the future, we must first acknowledge the strengths and limitations of our local way of knowing, and bring our work to bear on the different social worlds of humanitarianism and governance with full appreciation of the differences—and not just the weaknesses—of these vastly diverse knowledge worlds.

Theme of Expertise/Relevance

Just as Ebola revealed weaknesses in the health care systems of the three most affected countries, anthropologists’ struggles over how to engage with Ebola revealed the social construction and the real world stakes of *expertise*. What was the process of recognizing and packaging anthropological expertise, and how was this expertise generated and translated in the service of biomedical and public health models? What “ways of knowing” were adaptable to the humanitarian response, which were not, and why? Within all of these discussions lies the question of where anthropological knowledge is situated in global processes of responding to crises from wars to disease outbreaks.⁵

E. Summerson Carr’s excellent piece in the *Annual Review of Anthropology* explains that “expertise is something people do rather than something people have or hold” (2010:18). She continues, “expertise is inherently interactional because it involves the participation of objects, producers, and consumers of knowledge. Expertise is also always

ideological because it is implicated in semistable hierarchies of value that authorize particular ways of seeing and speaking as expert” (2010:18). Anthropological expertise, in particular, is created through social practice and is based on long term engagement “in the field,” the embodied experience of the anthropologist, the centrality of “local” knowledge, and acting as a kind of translator. It also depends on a range of formal and informal institutions.

With the Ebola outbreak, there were calls from actors outside anthropology (from epidemiologists, planners, media, etc.) for access to *relevant* anthropological expertise. As one editor of *Anthropological Quarterly* suggested, much of what was most mystifying, frustrating, and frightening to the discipline’s practitioners stemmed from lack of understanding of the social worlds of the policy-makers and public health practitioners and how to navigate them in ways that could make their knowledge of the social worlds in West Africa relevant. In the end, this says something profound about the degree of anthropology’s self-awareness of its position in the larger universe of competing “knowing practices.” Fred Martineau, Annie Wilkinson, and Melissa Parker in their piece in this issue use Haas’ (1992) notion of “epistemic communities” to frame anthropology’s engagement with Ebola as a “case study of inter-epistemic interactions.” They also found that the nature of anthropologists’ expertise was changed in its contest with other types of expertise, or in struggle with other “epistemic communities.” Of course, the rules of contesting expertise are different in the policy meetings Martineau, Wilkinson, and Parker describe compared to, say, between the two chiefs, whose expertise was couched in widely divergent terms, in the Goguen and Bolten article.

Creating and Maintaining Multiple Hierarchies

In addition to hierarchies between different epistemic communities, expertise also maintains hierarchies between so-called experts and lay-people. In this case, anthropology was called upon to explain apparently nonsensical action by African others who were not following instructions. Importantly, these “others” were lower on various hierarchies. In this case, expertise had to look relevant, and the social construction of relevance as it related to the acknowledgment of expertise dictated whose input counted, and what that input looked like. Carr elaborates on the idea of expertise as a socially constructed hierarchy:

...expertise is not only a relationship between a special kind of person and a special kind of thing. It is also a relationship between at least two types of people: experts and laities. ...realizing one's self as an expert can hinge on casting other people as less aware, knowing, or knowledgeable. Indeed, expertise emerges in the hoary intersection of claims about types of people, and the relative knowledge they contain and control, and claims about differentially knowable types of things. (Carr 2010:22)

Simultaneously as western healthcare workers produced and deployed knowledge about the disease in an effort to combat the epidemic, they communicated notions about expertise itself—who possesses the ability to “know” Ebola, who is naturally or willfully ignorant about it, and what social and bodily compartments were required to move from one state to another.

Wilkinson's paper in this volume makes it very clear how expertise about Lassa fever diagnosis was constructed and changing, and how this molded the way Sierra Leoneans reacted to Ebola, even as local people were treated as though they could not possibly possess the expertise to understand viral hemorrhagic fevers. She concludes that local people have “keen appreciation of the ambiguous realities of global health and the practice of biomedicine in West Africa.” These are sites where knowledge is produced and renegotiated.

Struggles within Anthropology

James Fairhead (2014) made clear that Ebola attacks the social body, that it “transmits through our sociability.” This could also be read as an interesting comment on the effects that Ebola had on anthropology's social body, exposing the discipline's own dissonances in treatment of insider/outsider anthropologies, anthropology's colonial history, and questions of where expertise lies and when and where it is relevant. Benton's piece asks this directly: who has expertise? How is their relevance construed? She discusses “the social production of ‘relevant’ anthropological knowledge and its relationship to...distance.”

During anthropology's engagement with Ebola, all voices within anthropology were not heard equally. Local anthropologists and African scholars were overlooked by international humanitarian organizations—which

mostly hired expatriates—and by anthropology’s Ebola response itself. This was partly because the local scholar is not as visible in Western public and digital spaces as those whose “office” is “over here.” We can further ask how anthropological expertise is raced, gendered, nation-ed, and turn—as others have before—to anthropology’s relationship to colonialism, and historical racism: where is anthropology situated in knowledge production in terms of how legitimate it is to both local and international actors, in both ordinary times and when confronting a crisis? As a discipline, we have long had tensions over this, and strands of anthropology have long been more or less comfortable with speaking for others. Because of anthropology’s history in Africa as the handmaiden to colonialism and its status as a “fringe,” vaguely eccentric, and not truly “serious” social science, there are very few African anthropologists. How does this influence both the “relevance” of anthropological knowledge, and the seriousness with which people—on every level of the epidemic and response—take it?

The central question then is this: who is qualified to speak on behalf of the other? This question was raised by political scientist Fredline M’Cormack-Hale and women’s activist Yasmin Jusu-Sheriff⁶ with respect to foreign anthropologists getting jobs in relief organizations in Sierra Leone that were then not available to locals; and precious financial resources going towards the upkeep of the foreigners. Why were foreigners assumed to be innately “more” qualified, or better able to speak about and translate the epidemic than local people would be? Was there a racist assumption that one needed to be located in the West to work with international organizations or that locals would not fully embrace/understand the needs and the framework of these international organizations as well as translating social practices on the ground? These are open questions, raised eloquently in the piece by Benton.

Knowledge, History, Amnesia, and Not-Knowing

The flip side of the coin of expertise and relevance is “not-knowing,” a social as much as an intellectual state of knowledge not acknowledged, expressed, or heard. “Not knowing,” taking the form of social amnesia—and, in many cases, a rejection of knowledge—formed a persistent thread in the epidemic. Amnesia existed everywhere, from the institutional forgetting among humanitarian responders that the region has a long history of viral hemorrhagic fevers (VHFs) and corresponding international

involvement, to the failure of the international community to understand the importance of the area's embodied memories of slavery and corruption to local responses to the crisis, to the need to marshal anew anthropological insights that had already been established for previous Ebola epidemics. The knowledge disseminated by the international community was also deliberately rejected locally in many places as a direct result of this amnesia, as some people with long historical memories saw the politics of Ebola knowledge as a greater threat than the disease itself.

The construction of expertise with respect to Ebola not only displayed amnesia about the region's disease history and its political history, it also *erased* the possibility of decades of local knowledge production in doing so, and ignored the fact that knowledge, as Goguen and Bolten point out, can be very, very dangerous. As Wilkinson states, in her contribution, "The Mano River [basin is] a site where knowledge is produced, negotiated, and refined, but also muted, concealed, and ignored." One of the main difficulties with the international response was the treatment of local people as historical and educational *tabula rasa*, needing only accurate medical information in order to defeat Ebola. Simplified, "vernacular" medical knowledge was promoted without any attempt to gain an intimate understanding of local knowledge or history. The backlash against non-compliant residents was apparent in policy documents generated during the crisis. They carried deeply racist and Afro-phobic undertones, as Moran points out in her article, with non-compliant residents who "clung to their traditional practices" declared "backward" and "ignorant."

Wilkinson's contribution brings to light the fact that the Mano River basin has a long history of VHF, specifically Lassa fever (although not always by that name), which is endemic. People "know" fever and vomiting, they understand the dangers of contracting a "big" fever, and they also understand the dangers and sometimes the futility of attempting to treat it. The assumption on the part of the humanitarian response was that the region had no knowledge of infectious viral hemorrhagic fevers, nor any expertise in dealing with it, nor any social or bodily knowledge or practices that were relevant to stopping the epidemic. Wilkinson suggests that we are seeing an epidemic of the diagnosis of and attention to disease by the West, rather than the actual experience of disease in West Africa—which for decades has occurred under the West's radar. Along the same line, Goguen and Bolten point out that citizens were not operating in willful ignorance of Ebola as they cared for their sick at home. Rather, they

evaluated the evidence systematically and with respect to their cosmological and historical knowledge systems. People became willing to give their ill and dying to the authorities once it became clear—and not a moment before—that home care spread the disease and that patients sent to the hospital did, in fact, return home alive.

The international community focused on the fact that the region was in a “post-war” state of development, with the emphasis in many policy and popular documents on how the non-existent public infrastructure and shaky political situations that resulted from wars in Liberia and Sierra Leone created a “perfect storm” of factors for the crisis. Indeed, as Shepler discusses in her piece, local reactions to the sudden blossoming of NGOs in Sierra Leone during the epidemic were informed directly by the post-war aid boom that had occurred a decade before. However, what this particular institutional memory ignored was the fact that discourses within Sierra Leone and Liberia had shifted from being consumed by a state of “post-war development,” and that this metaphor overlapped incompletely with residents’ own experiences until epidemic response became militarized, as emerges in Goguen and Bolten’s contribution.

Goguen and Bolten examine how the rejection of knowledge in-situ—in this case, the unwillingness of village residents in Sierra Leone to adopt a Western view about Ebola’s origins—reveals the limits of expertise, and also the limits of relevance. The original composition of Ebola education and outreach suggested complete amnesia among its designers of the area’s long history of secrecy and suspicion of outside knowledge; a history that germinated with slavery and came to fruition under a series of corrupt governments more intent on dominating local people and exploiting resources than they were governing. Ebola was less salient as a virus than it as a wrench thrown into the delicate social and political relations between two villages. Nowhere was Ebola acknowledged as a salient political and social phenomenon, as much or even more than a biological phenomenon.

The salience of the “not knowing” among the international community became clear to the managers of the Ebola Emergency Response Platform, as Martineau, Leach, and Wilkinson reveal. Contracted by the British government to make timely policy recommendations to bilateral donors and emergency responders, the platform disseminated white papers, published articles, and requested recommendations to the government, donors, and NGOs, to aid in the response. Much of the information disseminated through the platform was in the form of articles that had already

been circulated through academic channels as part of their authors' professional careers, and yet without creating a deliberate "epistemic community" of anthropologists, there was no sense that this information would ever otherwise come to light. Many of the recommendations came from Barry and Bonny Hewlett and by Alain Epelboin, who had been contracted by the WHO during previous Ebola outbreaks to construct culturally sensitive responses to local outbreaks in Uganda and Congo (Hewlett and Hewlett 2008). Why did this knowledge have to be regenerated for this outbreak? Why were these lessons forgotten at the level of medical response? The question of institutional amnesia cannot be answered fully within the scope of this special issue, but its many facets emerge forcefully.

At the same time, "social amnesia" and the deliberate suppression of knowledge is not entirely negative. Indeed, it has been a driving force for reconciliation and everyday peace in northern Sierra Leone for decades. After the country's civil war, Rosalind Shaw (2013) reminded us that memories shape the potential to produce the future. In short, if people hold on to negative memories, the future is potentially paved with problems. At the level of communities and families, memories of Ebola were potentially powerful enough to produce generations of division and resentment. Shedding memories of the epidemic as quickly as possible were seen as necessary, as potentially generative of the future rather than a shameful forgetting of what was as Goguen and Bolten write. As Shaw (2011) described for post-war reconciliation in northern Sierra Leone, thinking too much about the past is equivalent to willing the violence to return. Ebola is similar to the decade of civil violence in that remembering it too loudly could hamper the rebuilding of good, productive relationships. However, even as institutions fail to remember the epidemics and outbreaks that came before, one often hears expressions of surprise among those responders that the affected countries are not saturated with memories of the epidemic, that people remember, but quietly, and without drama. Thus, knowledge and "not knowing," history and amnesia, exist together, always in tension but necessarily so, in this epidemic.

The State

The state is an important part of the story of Ebola's spread, and yet insufficiently theorized as such. West Africans' mistrust of their states and health systems were key reasons why people did not initially believe in

the existence of Ebola, and later became the reasons that people did not comply with state-sponsored health directives even after they believed in the existence of Ebola. The pieces in this special issue further ask: how did the relationship between affected populations and their post-colonial states—popularly characterized by corruption, inefficiency, and patrimony—influence the course of the epidemic?

In this issue, Shepler discusses citizens' relationship to their states, and explains why such a mistrust might be reasonable. Wilkinson details diagnosis by government decree in the case of Lassa fever, and "the ambivalence with which people view hospital healthcare—the motivations of the staff, the hospital's ability to heal and its general detachment from social norms and values." The hospital and the state are understood as part of a political system removed from the reciprocities of rural Sierra Leonean solidarities. She cites Ferme (1998) on the structural and symbolic violence of state administration, using examples such as taxes, elections, and censuses to explore the ways that people distance themselves from the state, yet are still caught in its governmental logics. The gaze of the national government and the medical/security apparatus are intertwined. Because the two village chiefs discussed in Goguen and Bolten's contribution had different relationships to the state, Ebola in those two villages is in some ways better understood as a political rather than a biomedical crisis. They explain, "The two chiefs handled Ebola Viral Disease (EVD) information as they would any government announcement, considering first why the government would 'bring' Ebola to their villages, and how their own social and political positions would be influenced or changed by either embracing or rejecting these education and praxis campaigns." And in the end, it was state mandated laws about quarantine rather than new belief in the germ theory of disease that moved people to change their practices.

However, as Shepler notes, we should understand "the state" as more than the three national governments. She suggests that the people in the three most-affected countries perceive political power as "fractal" (Laïdi 2002), with overlapping and contested forms of political power from local chiefs to national governments to the WHO and other international bodies. Just as Wilkinson describes how local people had a long historical engagement and therefore nuanced understanding of VHF, Shepler explores a long local history of engagement with international donors and agencies, and therefore a nuanced understanding of those sovereignties. Unlike standard narratives of generous Western governments and corrupt

African leaders, Sierra Leonean citizens' reactions to this multiplex political power were simultaneously critical of the corruption of their own elites and of international actors' lack of accountability, understanding them as thoroughly intertwined.

Anthropology and Emotion

The Ebola epidemic has forced us to reconsider what it means to “create knowledge,” what shape that knowledge takes, and what role emotions play. Many anthropologists engaged in acts of “ethnographic coping”: writing and speaking because we felt the need to “do something” to make ourselves feel better about our lack of importance. Did we gather in Washington, DC to assert our expertise and thus our relevance to the humanitarian response? We were forced to ask ourselves what long-standing knowledge of a place and people can actually contribute during a “total event” (Pieke 1995:70) where, as is the case for most contributors to this issue, we were not present and were processing our emotions from a distance. This raised significant questions for us and for the discipline itself, as anthropology stakes its methodology—and thus its expertise, relevance, and import—on “being there.” Our ethnographic knowledge comes from embodied experience including our emotions, so it is vital to ask what happens in cases where we are either absent, or thrust into a position of coping, emoting, and attempting to claim expertise without knowing what shape these would take.

In theorizing emotions, Leavitt (1996:523) articulated that emoting can be a pragmatic act, a communicative performance, a bodily experience, and an expressive vehicle. Emotions are the combination of thinking and feeling, and not just feeling on its own (1996:519). This special issue, in many ways, reflects anthropological emoting about Ebola—an expression of thinking and feeling that grapples with a bodily experience in most instances remote from its context, but desperate to connect with it in ways that reassert meaning, relevance, and expertise. This issue does not try to resolve these issues; as Beatty (2010:431) makes clear, “in writing about emotions we come up against the limits of ethnography” as even our sacred method, participant observation, cannot build a bridge to others' culturally emplaced emotions, or the individuality of those emotions within experience.

This does not, however, prevent us from addressing emotions as a topic central to how the crisis unfolded, the humanitarian response to the crisis, and local pushback against that humanitarian response. In acknowledging that people experienced the epidemic on the ground in large part through their emotions, Mary Moran's piece takes to task international actors that reduced grief and mourning to "ritual burial practices" that had to be stopped or altered, rather than understood and empathized with. Though Moran was not present in Liberia for the epidemic, she had lived with a village's preacher and embalmer during her initial fieldwork, and had a wealth of ethnographic data connected to understanding death. Moran argues that it was precisely the unwillingness of international actors to acknowledge and work with grief and respect for personal dignity, even of the dead, that caused widespread death to be addressed only as ritual practice, rather than the cause of overwhelming emotion. The discourse of death as an Ebola "super spreader" and the work of preparing a loved one for burial as "ritual practice" could only occur in the official refusal to acknowledge that local people were experiencing the epidemic, rather than operationalizing it.

In direct contrast to Moran mining old data to process a new emergency, Goguen wrote every single day from his first-hand experiences of the epidemic. Goguen was an "accidental anthropologist" of the epidemic, a law professor at a university in Sierra Leone who started writing about the events unfolding in the village in which he lived as a way of gaining some sense of control over what would have otherwise been crippling fear and isolation. Bolten first received Goguen's "ethnographic coping" as e-mails sent to friends and family, as Goguen found that daily reporting from a quarantined village was the only way of processing emotionally and intellectually how a mysterious new disease was tearing formerly close communities apart. Indeed, as the villages about which Goguen and Bolten write experienced the epidemic, the emotions of fear and pain that outsiders would understand as reasonable emotional reactions to Ebola were matched by suspicion and rage at betrayal that may seem inappropriate to an outsider but which were equally reasonable within the cultural context.

Benton examined the coordinated response of American anthropologists and asks us to consider what happens when we choose to operationalize our knowledge and experience in line with the response, potentially completely out of touch with the actual needs of people on the ground, whether residents or humanitarian responders. The international response

was “rational” and logistical, whereas anthropologists immediately understood the emergency to be complex and multi-layered, and deeply embedded in emotions. In our position as translators, as nodes in networks, we acted physically and intellectually, organizing relief and raising money as acts separate from, and often placed in contradistinction to, our intellectual labor. We did not discuss our “emotional labor,” as though it was a less valid contribution, and we focused instead on being “experts” rather than emotional individuals who were losing friends and family. This predictably led to the problems Benton articulates with speaking for, representing, and apparently acting on behalf of “the other” at the precise moment when we had the least ability—and credibility—to do so because we were not “there.” By inserting ourselves into the conversation as experts—and in doing so questioning the expertise and relevance of local anthropologists and other local professionals—we undermined our own credibility. Perhaps, in the future, we will not discount the importance of an emotional practical response that, like ethnography itself, is dynamic and responsive to changing conditions. The Ebola epidemic was harshly instructive for the anthropological community, and we hope that these lessons are not lost when, in the future, another complex emergency arises. ■

Endnotes

¹It included short pieces by Anita Schroven, Mike McGovern, Fodei Batty, Paul Richards and Alfred Mokuwa, Mariane Ferme, Boima Tucker, Catherine E. Bolten, Theresa Ammann, Jackie Sayegh, Sharon Abramowitz, Adia Benton, Eva Harman, Johanna Söderström, Patricia Jabbeh Wesley, and Vinh-Kim Nguyen. Accessed from LINK on DATE.

²The steering committee for the platform was comprised of Melissa Parker, Melissa Leach, James Fairhead, Clare Chandler, Annie Wilkinson, Ann Kelly, Paul Richards, Esther Mokuwa, and Fred Martineau (see Fred Martineau’s contribution to this special collection for more detail). Last accessed from <http://www.ebola-anthropology.net> on DATE

³Last accessed from <http://shsebola.hypotheses.org> on DATE.

⁴This steering committee was comprised of Abramowitz, Stephen Lubkemann, Mary Moran, Susan Shepler, Danny Hoffman, and Ed Liebow (Executive Director of the AAA).

⁵See, e.g., Enloe (2013).

⁶Personal communication, Place, DATE

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