

ARTICLE

# Missing Bodies and Secret Funerals: The Production of “Safe and Dignified Burials” in the Liberian Ebola Crisis

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ABSTRACT

*During the height of the Ebola crisis in West Africa, public health responders and the international media focused on dead bodies as sites of disease transmission when early contact tracing discovered the relationship between attendance at funerals and emerging clusters of new cases. Anthropologists were central to the emergence of new protocols for “safe and dignified” disposal of the dead, emphasizing alternative rituals and the flexibility of local practice. In the process, I suggest that the emotional impact of loss and bereavement was subordinated to the focus on ritual. The new knowledge produced about safe and dignified burials in West Africa reveals the absence of knowledge about the handling of dead bodies and the emotional impact of bereavement among journalists, anthropologists, and biomedical professionals alike. [Keywords: Ebola, Liberia, funerals, bereavement, safe and dignified burials, knowledge production].*

In a domain of knowledge production often characterized by extreme particularism, one of the few universals acknowledged by anthropologists is that all human communities mark the threshold between life and death. Indeed, archaeological evidence of intentional burial, grave goods, and other mortuary rituals are considered a signature behavior of our species, shared only with those other forms of humanity close enough to interbreed and dating back at least 50,000 years (Than 2013). Robert Hertz, a student of Durkheim, is credited with first distinguishing theoretically between the biological reality of the human corpse and the “social lives” of dead bodies, which cannot be simply disposed of without “a sacrilege against the social order” (Hertz 1907 as quoted in Laqueur 2015:10). It is not surprising then, that treatment of the dead emerged as a central theme of the new knowledge on the deadly West African Ebola virus outbreak. Since Ebola was first identified in 1976, fatality rates have ranged from 60 to 75 percent (Quammen 2014:16) and the virus, present in the blood, vomit and excreta of the infected, is known to spread easily to care givers. The greatest danger of contagion comes from late-stage bodily fluids and the corpse itself, requiring innovations in how the dead are handled, disposed of, and thought about. In the early stages of the 2014 outbreak in Guinea, Liberia, and Sierra Leone, contact tracing identified the connection between attendance and participation in funerals and emerging clusters of the disease in dispersed rural communities. Western media reports, after a brief and inaccurate obsession with meat from wild game as a source of transmission (Benton 2014; McGovern 2014), pivoted quickly to “traditional burial practices” for their headlines. Reports that people in the affected areas were resisting attempts to “properly” dispose of the dead bodies, even to the point of attacking and killing public health officials (for examples, see Aljazeera, September 21, 2014 or Associated Press, September 24, 2014) appeared as the epidemic peaked in the late summer and early fall. Efforts by national authorities to impose mandatory cremation, as ordered by President Ellen Johnson Sirleaf in Liberia in August of 2014, resulted in reports of “secret funerals” as families sought to avoid a method of disposal they found culturally and religiously repugnant.

Such accounts proved irresistible to reporters looking for a “human” angle on the Ebola story. This paper considers how knowledge about “traditional” funerary practices was produced by a diverse group of actors, united by their desire to save lives but often in uneasy alliances and collaborations with each other. These actors included biomedical researchers,

medical professionals and public health authorities, anthropologists, national political leaders, journalists, and the “resistant” local communities, whose sometimes violent reactions to the appropriation of bodies for disposal fit neatly within tropes of African primitivism. Specifically, the dangerous practices most commonly defined as “traditional,” as revealed by a review of both official reports and international press coverage, were *washing (or bathing), touching, and kissing* the corpse of someone who had died of Ebola. These three activities, which are mentioned in virtually all of a sample of over 300 media reports identifying burial practices as key to spreading the disease, were presented by journalists as exotic and mystifying; practiced by superstitious people who live in fear of retribution from the dead. Politicians and public health officials of the national governments, battered by accusations that they were responding too slowly to the crisis, publicly blamed their own citizens for their “backwardness” and made it a criminal offense to hide bodies or those suffering from symptoms. Between August and December of 2014, the Liberian government imposed a policy of mandatory cremation in the Monrovia region for all dead bodies, although acknowledging that such a disposal method would be highly unpopular (Allen and Lacson 2015:2). Doctors Without Borders (MSF), the primary humanitarian organization responding to the crisis as well as the CDC (Centers for Disease Control) and WHO (World Health Organization), agreed that in the face of a global public health emergency, local sensibilities should clearly be subordinated to biomedical expertise.

Along with other anthropologists and scholars of the region, I participated in attempting to explain popular resistance to cremation and mass burials by documenting the regional context of overlapping systems of belief. Without discounting the importance of funerals and marked graves in conceptions of personhood and identity across the African continent (see Jinda and Noret 2011), anthropologists emphasized that ritual practices are often flexible and innovations commonly take place in the face of changing conditions. We urged public health officials to work with local leaders to find acceptable alternatives that could satisfy everyone (Fairhead n.d., American Anthropological Association/Wenner Gren Foundation 2014, Faye 2014, Spencer 2015). Understandably, those most vulnerable to the disease often acted in contradictory ways; sometimes carrying out secret burials but also occasionally abandoning the bodies of dead family members when overwhelmed burial teams failed to respond. Paradoxically, the Liberia represented in the media seemed littered with bodies nobody

wanted that had been left on the streets, and bodies no one could find, as family members who had delivered their loved ones to treatment units received no information about their ultimate disposal. Out of this contradiction, the sanctioned knowledge of what constituted a “sanitary burial” was largely supplied by western biomedical specialists, emphasizing speed of removal and limited contact with corpses and their dangerous products. Anthropologists were invited to suggest small modifications that could make these practices more “acceptable” to resistant publics. For example, in September of 2014, the WHO and the Government of Liberia commissioned a series of focus groups in 15 communities in and around the capital city, Monrovia (Abramowitz and Omidian 2014, Abramowitz et. al. 2015). The goal of the study was to determine what “community-based management strategies” existed and how they could be supported in the face of the clear failure of top-down interventions. Likewise, anthropologists in the UK and in France were recruited to produce rapid summaries of existing knowledge on burial practices, care of the sick, use of quarantine and disease containment, community self-defense practices, and other topics (for examples, see Fairhead n.d., American Anthropological Association/Wenner Gren Foundation 2014, Allen and Lacson 2015). The recruitment of regional specialists followed the former colonial affiliations of the three affected countries, with American scholars focused on Liberia, the British on Sierra Leone, and the French on Guinea.

In what follows I make two related arguments: 1) that the knowledge produced about “traditional” funerals, in Liberia and elsewhere in the region, focused on a few key practices identified by biomedical professionals as most likely to spread the disease, rather than those aspects of funerals which might be most meaningful to the populations involved, and 2) that a peculiarly recent and middle class western understanding of how dead bodies should be handled (and by whom) underlies much of the journalism and some part of the “scientific” discourse as well. I argue that the key elements of *washing, kissing, and touching* the corpse were treated by public health specialists and by anthropologists as *rituals*, rather than as aspects of bereavement and grieving. Many young journalists seemed to have little familiarity with funerals and mortuary practices in their own society let alone others, and there was no acknowledgement of how recently the care of the dead became professionalized in the West. The washing of corpses before burial, for example, was presented as exotic, even though this is a universal practice of professional morticians, “not only for the safety of the

funeral home staff, family and friends, but also for the dignity and respect of the deceased” (see Funeralwise.com). A Vice News journalist who contacted me to inquire why “Liberians would risk their lives doing secret burials?” admitted that American military personnel take pride in risking their lives to recover the bodies of fallen comrades. By rendering basic, almost universal aspects of respect for the dead as exotic, dangerous and “traditional,” journalists, biomedical practitioners, and anthropologists alike obscured the similarities between what humans everywhere consider the dignified treatment of the dead. In addition, I suggest that a generational distance from direct experience with death and dying, as noted by Renato Rosaldo (1989) in his classic article “Grief and the Headhunter’s Rage,” accounts in some measure for the bafflement which greeted evidence that Liberians and other West Africans objected to the “necessary” suspension of local funerals.

Resistance by ordinary people was explained as stubborn refusal to “believe” in the superiority of Western medical knowledge by both scientists and by frustrated national elites. Additionally, this resistance was believed to be motivated by interference with specific rituals, represented as a blindly repeated series of “traditional” steps. Although anthropologists brought a more nuanced and historically grounded understanding of “ritual” to the conversation, they too acted as though finding alternative, epidemiologically “safe” practices would fully appease distraught communities. All of these factors have contributed to shaping the new knowledge about the path of Ebola Virus Disease in Africa, and will undoubtedly inform public health practice in the next (inevitable) outbreak.

### **Defining “Traditional African Practice:” Actors and Discourses**

Among the biomedical authorities who contributed to the definition of local funeral practices as sources of infection was one of the most respected voices in the field, Dr. Peter Piot of the London School of Hygiene and Tropical Medicine. One of the researchers who is credited with identifying the Ebola virus in 1976, Piot was both early and vocal in his criticism of both global public health institutions and local officials in responding to the outbreak. He specifically pointed to “traditional beliefs and distrust in health services and authority and the rejection of Western medicine” in an interview for a newspaper article titled “Ebola Virus Bodies Must be

Cremated; Burials are Blamed for Rising Toll” (Lines and Gregory 2014). In articles published shortly after these remarks, one of the authors of a widely cited epidemiological study published in *Science* described “traditional funeral rites” as “superspreaders” of Ebola. “The cultural body preparation and funeral practices that are common in West Africa have driven the initial spread of this disease.” (Agence France Presse 2014). Identified as a mathematical epidemiologist and expert in the evolution of infection disease, the scientist warned that if these practices were not stopped, Liberia could expect close to 350 new infections a day by the end of the year, projections that were taken up and re-cited in numerous publications. The term “superspreader” was widely repeated in conjunction with descriptions of “traditional” burial practices for the next six months.

Comments and quotes from interviews such as this were common across a number of public media about Ebola through the summer and fall of 2014. Traditional news outlets and social media networks created a kind of echo chamber in which the “superspreader” discourse was disseminated. Public health experts insisted that cremation was the preferred means of disposing of what became known as “Ebola bodies;” alternatively, disinfection with chlorine solution, double body-bagging, and rapid burial were recommended. The biomedical details of contact tracing, lab tests and experimental courses of treatment were mentioned but rarely given the extended discussion that was lavished on “secret burials” as a source of transmission, in spite of the fact that the article in *Science* so commonly cited had concluded that “sanitary burial alone is insufficient to swiftly contain disease spread” (Pandey et al. 2014). I argue that the characterization of “traditional burial practices” as the “superspreader” of Ebola captured the attention of journalists and biomedical researchers precisely because it fit neatly into already established tropes of African difference (see Kerton et al. 2015).

Yet, the biomedical experts seemed unable to specify exactly what these exotic rites entailed, beyond the three key practices of washing, touching, and kissing the corpse. For additional material, journalists turned to another group of knowledge producers: anthropologists. During the summer and fall of 2014, I and other colleagues with regional expertise were bombarded with requests to comment on all aspects of funerals in the Upper Guinea Coast region. Reporters wanted to know the details of the “washing, touching, and kissing,” and insight as to why Liberians and other West Africans were so determined to conduct these rites in the

face of expert knowledge provided to them by public health guidance. Initiatives such as the Ebola Emergency Anthropology Network which linked regional specialists from numerous countries took swift advantage of a rare moment when anthropological knowledge was recognized as valuable and useful. In a surprising reversal, the public health experts who had been insisting since the first identification of Ebola in March of 2014 that the outbreak was a clinical problem to be solved with biomedical knowledge, also turned to anthropologists for detailed information about sociality, caretaking, and funeral practices. Several journalists, mediating between the two sets of experts and the public, proclaimed that anthropological knowledge would prove key to bringing the disease under control. The story of an intervention by anthropologist Julienne Anoko who made possible the burial of a pregnant woman in Guinea without the removal of her fetus (determined to be an unacceptable biomedical risk but essential to the community to maintain the separation of life and death necessary for proper human and natural fertility), by locating an elder capable of ritually making reparations to the offended spirits became the exemplar of how multiple knowledge systems could be accommodated (Fairhead n.d.). Without detracting from Anoko's achievement, certainly worthy of celebration, it is still the case that this example further reinforced the distance between "traditional" and superstitious African villagers and the "rational" scientists attempting to save them from themselves.

What kind of knowledge, specifically pertaining to the disposal of the dead, did anthropologists produce in response to this unprecedented moment? Paul Richards and Alfred Mokuwa (2014) situated that question within the most iconic anthropological topic of all, kinship and marriage, in their brief article for the *Cultural Anthropology* "Hot Spots" collection, using census data from Mende villages in Sierra Leone to explain why the corpse of a woman in an "incomplete" marriage (in terms of the sequence of bridewealth payments) would normally be returned to her natal village for burial. As every Africanist anthropologist knows, "marriage is a process, not an event," and Richards and Mokuwa reported findings that at any given moment less than 15 percent of conjugal partnerships in these communities qualified for the burial of the wife with her husband's family. The authors emphasized, however, that "Mende villagers are practical and can adjust their funeral practices to obvious contingencies," as when the woman comes from a very distant town and transportation of the corpse is not feasible. This strategy of presenting local "culture" as both *reasonable*

(in the context of social structure, religious belief, etc.) and *flexible* (not the replication of “blind” tradition) came to characterize the knowledge produced by anthropologists during the crisis (Richards and Mokuwa 2014).

Turning to the existing ethnographic record, as well as decades of his own research in the region, British anthropologist James Fairhead wrote a rapid review of the classic ethnographic literature of the region dating back to the early 20th century. Pointing out that the older literature held much useful information, Fairhead also warned that “the anthropology of the region cannot stop at this portrayal of ‘traditional beliefs.’ Not only have traditions changed, but anthropology also has much to say about the way illness, death, and its causes have come to be configured in new ways that are significant for understanding Ebola and responses to it are interpreted” (n.d.). He stressed that many of the “traditional beliefs” recorded by earlier generations of anthropologists were now recognized as products of the long history of violent extraction experienced by communities of the Upper Guinea Coast in their encounters with Europeans dating back to the 15<sup>th</sup> century (Shaw 2002). Furthermore, Fairhead noted that from the point of view of rural people in this region, biomedical “knowledge” of Ebola is, “being experienced by these communities as a mode of power.” The sometimes violent interventions by national states and their foreign allies who imposed quarantines, threatened fines and jail sentences, and issued frightening ultimatums were resisted through withdrawal, secrecy, and noncompliance with public health directives. “Moreover, in many aspects, Ebola as experienced as a social phenomena does not seem to be conforming to the truths told about it. Thus not all those looking after and living with an Ebola patient, or touching an Ebola victim’s body at a funeral actually catch the disease and die. Many do, but crucially, many don’t and those experiencing this recognize it” (Fairhead n.d.).

Fairhead’s review, valuable and timely as it was in seeking to get “actionable” information into the hands of medical professionals and others on the front lines of the disease, was limited to the well-documented Mande-speaking peoples of northwestern Liberia, Sierra Leone, and Guinea. Largely absent was any attention to the Kruan-speaking peoples of southeastern Liberia and western Ivory Coast, areas that ultimately had few if any cases of Ebola. This emphasis fits neatly within existing bodies of knowledge generated through ethnographic fieldwork among Mande-speaking peoples, whose concepts and practices are often used to define “traditional” or rural life in the Upper Guinea Coast. Although extremely

diverse, there are common features among Mande-speakers which are not shared by the Kruan-speakers, including the presence of universal secret initiatory societies and male and female circumcision. Kruan-speaking groups also tend to be more politically egalitarian than the Mande, without the ranked lineages and ascribed hierarchies typical of the north. Because relatively little ethnographic and historical research has been conducted in the southeast, generalizations about “traditional regional cultures” tend to be, as I have noted elsewhere (Moran 2006), highly “Mande-centric,” and Fairhead’s summary, as he fairly and modestly admits, is no exception. In other words, what we “know” ethnographically about this region is, unsurprisingly, partial, temporally located, and shaped by the appeal of certain research topics over others.

In the context of the Ebola outbreak and driven by the desire to save human lives, new research by anthropologists focused on tailoring the “sanitary burial process” advocated by biomedical knowledge to at least some local sensibilities, as these were “known” from the existing ethnographic record. The goal was to increase compliance with public health authorities and the locution of ‘safe and dignified burials’ was applied to newly developed guidelines for burial teams in the field. Focus group interviews conducted in and around Monrovia, Liberia the early fall of 2014 and analyzed by Sharon Abramowitz and Pat Omidian found that urban populations were willing to tolerate both cremation and mass burials as emergency measures, and that their fears and objections centered around not being informed about what had happened to their loved ones when sick people and bodies were simply removed by authorities. Urban and peri-urban communities containing linguistically diverse populations that flocked to cities for protection during the years of the Liberian civil war have, for almost a generation, been creating new forms of funerary practice (and new rituals to mark other life cycle events) and understood clearly that the Ebola emergency required extraordinary measures (Abramowitz and Omidian n.d., see also Allen and Lacson 2015).

Many Liberians, however, remain literally haunted by the violent loss of loved ones during the 1989–2003 civil war. Communities were attacked by both “rebel” and national army troops, often at night, forcing family members to scatter and flee in all directions; survivors often never knew where their close relatives had fallen or what had become of the bodies. “Every time I walk on the ground, I could be walking over my mother’s bones,” one man told me in 2006. The prospect of not having a location to visit or

a grave to "clean" by cutting the grass and laying wreaths on the national holiday of "Decoration Day" was deeply disturbing, as was the idea that unfulfilled obligations to the dead could result in a lifetime of misfortune for the living. Understanding that cremation might be necessary as a temporary measure, focus group respondents agreed that ashes should be buried in a known location and a memorial for all the dead should become a government priority.

In late October of 2014 the World Health Organization issued new guidelines for "safe and dignified burial of a person who has died from confirmed or suspected Ebola virus disease" (WHO 2014a). According to the WHO media center, the protocol was developed by an interdisciplinary team in partnership with the International Federation of the Red Cross and Red Crescent Societies (IFRC), the World Council of Churches, Islamic Relief, Caritas International, and World Vision, all faith-based organizations. In addition, "a team of [unidentified] medical anthropologists also contributed meaningful, safe alternatives for touching and bathing dead bodies, developed from research into the cultural significance and values of burial practices in affected countries" (WHO 2014b). Consultations with religious leaders resulted in separate guidelines for Christian and Muslim burials and emphasis was placed on working with local definitions of what is meant by "dignified burial." The new procedure was published as a Power Point series illustrated with drawings of burial teams at work. The introduction notes that obtaining the cooperation of the bereaved family is of utmost necessity; emphasized in bold type "**No burial should begin until family agreement has been obtained.**" Next follows two consecutive sentences that underscore the contradictions embedded in the protocol: "The handling of human remains should be kept to a minimum. Always take into account cultural and religious concerns."

Although the Power Point presentation is dated October 2014, before the early November meeting of the American Anthropological Association/Wenner Gren conference of regional specialists (AAA/Wenner Gren 2014), it is clear that a number of the recommendations published in the conference report had already found their way into the new protocol. The document outlines 12 steps for burials in rural as well as urban communities, and clearly incorporates suggestions made by anthropologists, including allowing family members to take photographs of the deceased (from a safe distance) and describing the procedure for "dry ablution" which could substitute for the normal washing of Muslim corpses. The AAA/Wenner

Gren document includes a collectively written section on “Attending the Dead” summarizing both what was “known” about local preferences and specific core recommendations that could be “integrated into diverse ethnic, religious, and regional communities” (AAA/Wenner Gren Foundation 2014:10). One could argue that a new domain of knowledge, composed of a combination of anthropological sensitivities with biomedical and public health practice, had emerged in producing the “safe and dignified burials” of the latter part of the Ebola crisis. In this new knowledge domain, the medical professionals were responsible for the “safe” aspect and the anthropologists provided the “dignity.”

### **Funerals and Burials: What Constitutes “Dignity?”**

In what follows, I draw on fieldwork from the neglected southeastern region of Liberia, not to contest the generalizations about “traditional” funeral practices with additional local specificity, but to further the project of identifying what makes a burial “dignified” in local terms. It should be noted that the southern region of the country was relatively untouched by the Ebola epidemic. Community leaders in this area decided early in the fall of 2014 to cancel the usual round of “false burials” or post-internment ceremonies held each year in November and December, the break in the agricultural cycle between harvest and the next year’s planting. Although by definition bodies are not present for the false burial, which takes place months or years after internment, the large crowds and mingling of people at what are essentially massive homecomings for national and transnational labor migrants could have furthered the spread of Ebola. It is unknown if this decision, and others which restricted the usual dry season travel for temporary work and family visits played a part in the low incidence of cases in the six southeastern counties of Liberia, but there was a lack of popular resistance as encountered elsewhere. At the same time, some aspects of what makes a burial “dignified” in the southeast help to illuminate what is lacking from the knowledge production process described above, and I argue that these differences can be instructive.

What follows is based on 18 months of field work in Cape Palmas, Maryland County, Liberia conducted in 1982–83, the ensuing 32 years of close contact with the extended family I lived with during that time, and three short trips back to Liberia after the end of the civil war (in 2006, 2008, and 2009). The southeast coastal region is recognized as home of

the Glebo people, one of numerous Kruan-speaking groups, as well as migrants from the interior of Maryland County and elsewhere in Liberia. Settled by colonists from the US in the 1830s, many indigenous people were converted to Christianity by missionaries from the American Episcopal Church. Following the practice of many anthropologists, I lived with a local family and was quickly incorporated into a fictive kin network that has endured for over three decades. My foster father, who came from an interior town about 20 miles from the coast, was the local Episcopal priest. Positioned in his household, I attended numerous wakes and funerals of his parishioners and participated in the planning and preparation for these events. With access to a pickup truck provided by the church, he was constantly called upon to transport bodies, mourners, and foodstuffs related to the complex process of producing funerals that met the local definition of "dignified." I have hand-written field notes documenting close to 40 funerals and related ceremonies and have published extensively on the role of these rituals in the construction of various status identities for Glebo women and men (see Moran 1990, 2007).

Many of the features reported by Fairhead in his survey of the literature on Mande-speakers also characterize funeral practices in the southeast. A death is announced by the crying of related women as they wander through the community, demonstrating their grief by throwing themselves on the ground, rolling in the dust, holding their arms above their heads, and calling out their kinship connection to the deceased. The female mourners eventually return to the household of the deceased, where they take up positions on mats spread on the floor, and remain "on the mat" to welcome visitors and continue crying for a period of days to weeks, depending on their relationship to the deceased. Depending on the season of the year, the age of the deceased, and the resources of the family, plans will quickly be made for both a wake and a burial. Adults over the age of 50, who are considered "fully grown," will be memorialized with a final ceremony or false burial that will ideally take place months or years later. The false burial consists of at least two days of dancing, feasting, and otherwise memorializing the deceased, who may be represented at the ceremony by a small shrine or, in the case of a woman, by an extensive display of her collection of fine cloth (see Moran 2007). The delay between the actual disposal of the corpse and the false burial gives the bereaved family time to gather the necessary resources, including funds for enough food and alcohol to serve the entire community. In addition,

friends and family members living outside the immediate area are given time to travel home to attend the ceremonies. With a long regional history of both inter-group warfare and periodic wage labor migration for men from this area, the false burial could also provide recognition for an individual whose body could not be located or who never returned from abroad. Victims of drowning and fire could also be “properly” buried in this manner.

Not everyone, however, receives a false burial; this ceremony is reserved, as mentioned above, for adults who had achieved the position of respected and recognized community members. For everyone else, the key features which must be minimally present for a “dignified” funeral in the southeast seem to be a gathering of related women to formally mourn, the wake at which the body is visually displayed, and internment in a grave that can be known and remembered. Within this framework, there is almost infinite variation based on the biography of the individual, their personal network of group memberships and affiliations, and those of their close family members. Thus, in a case I documented, an older woman who was herself not a Christian but belonged to a burial insurance society received a wake featuring a brass band performance, a procession of former colleagues from the Market Women’s Association, remarks by clergy from churches attended by her close relatives, and speeches from the soccer clubs to which her athletic grandsons belonged. Most important is that the body of the deceased be physically present and visible to “enjoy” all of the activity conducted in his or her honor. In contrast with the emphasis reported for the Mande-speaking north, and of significance in the context of Ebola, I never observed the “kissing and touching” of the corpse during these periods when the body of the deceased was displayed. Clearly the bodies had all been washed and dressed by close relatives, and especially in the case of women, clothing might change from one event to another, indicating that some group of mourners was in close physical contact with the corpse. Kissing and touching by funeral attendees, however, was not a necessary feature of the ceremony.

The minimal definition of “dignity” however is best illustrated in an instance in which it was almost abrogated; a case I observed in detail of an impoverished elderly woman with no close family to attend to her (Moran 1990). The woman had no children or husband and had spent most of her life as an economic migrant outside of Liberia, returning to only tenuous connections. Her natal patrilineage had been financially strained by

numerous deaths and funerals in the recent past. When she died suddenly in 1983, the first assessment by the male family leaders was that there was no money for a casket, so therefore a wake could not be held; it would be undignified to display the body without a coffin and a wake required the presence of the body. She would have to be buried immediately in the bare ground. Several marginally connected women who were party to these discussions found this unacceptable; one took some savings of her own and arranged with a carpenter to quickly build a simple wooden box. Once the casket was provided, a wake could be held, but now a new financial burden appeared; in the hot humid climate, the body was starting to decompose. The casket would take at least a day to construct and arranging and holding the wake would further delay internment. Another woman took a partial payment of a bottle of liquor to a man she knew who was a part-time embalmer; he agreed to embalm the body for the minimum amount of time (two days) so the wake could be held without a disagreeable smell. A local church and their women's choir conducted the wake and burial ceremony without payment, even though the deceased was not a tithe-paying member of their congregation. Rapidly and efficiently, "dignity" was constructed out of a network of female friends and connections for a person with no resources of her own.

Note that in this situation, many of the features mentioned as culturally central to the resistance of "traditional" West Africans in the Ebola epidemic are not present. There were no concerns about the spiritual protection of the larger community from vengeful ghosts emphasized by Fairhead or the clarifying of lineage property rights and marriage payments privileged by Richards and Mokuwo. The woman had been poor and harmless in her life and no one expressed the opinion that she would become less so in death. She was simply recognized as a fellow human being, and as such, her remains could not be treated like those of an animal. Her corpse was washed and dressed by the same distantly connected women who contributed their own funds to ensure that she could be "present" in a dignified state at her own funeral. Across denominational and local cultural differences, all Liberians and their West African neighbors share a sense of connection between the living and the dead, especially those with whom one is related by kinship, but they are also capable of seeing the fellow human in any corpse. Biomedical specialists and their anthropologist partners have perhaps not recognized this sense that basic human dignity was being violated by rapid, unwitnessed cremation or other sanitary disposal

methods, attributing non-compliance to a fear of vengeful spirits if specific rituals were not performed.

Indeed, the fearsome trinity of “washing, touching and kissing” are best understood as basic features of human life and sociality across this region, not just for corpses but for living people. Anyone who has lived in a hot, humid climate without benefit of air conditioning knows the sweet relief of a bath, even if just from a bucket of cool water, at the end of a day. Bathing (along with living in houses and eating cooked food) is often cited as one of the key features separating humans from other creatures, and cleansing oneself of sweat and dust marks the separation between the work day and the relaxation and sociality of evening, signaling incorporation into the social body. Anyone approaching a social superior with a request, or just making plans to meet friends, would be certain to appear freshly washed. The mentally ill are recognized by their refusal to bathe, and transgressive figures such as warriors preparing for battle, ritual specialists, and initiates of secret organizations refrain from bathing until returning to the human community.

Baths are also central to both home and hospital-based care of the sick. Given the chronic lack of staff and supplies in local hospitals where such care was rarely provided, family members before the Ebola outbreak were accustomed to arriving at the hospital each morning with fresh clothing to help their sick relatives bathe and dress for the day. Bath buckets are often cherished items of personal property in rural communities, and as such may be placed overturned on the graves of their owners after death (with a hole drilled in the bottom, so they cannot be used by anyone else). Given the horrific details of death by Ebola, including vomiting, diarrhea, fever and the like, committing an unwashed body to the grave can be understood as a violation of every normal definition of human dignity, entirely omitting the specific burial requirements of Islam, Christianity, or any other formal religion.

As for the other aspects of ‘traditional’ funerals represented in the popular press and in medical alerts as exotic and dangerous, the kissing and touching of the corpse, we must consider that familiarity with mortuary practices has declined sharply, at least for Americans, in recent decades. Forty years ago, Charles O. Jackson (1977: 229) wrote, “For Americans of the 20th century, connection between the world of the dead and that of the living has been largely severed and the dead world is disappearing.” A previous generation of Americans experienced many deaths at

home; today, the overwhelming number of deaths occur in a hospital setting. American cultural beliefs hold that only trained medical and mortuary personnel may handle dead bodies, armed with knowledge that ordinary people do not share. Websites for a number of academic programs in Mortuary Science emphasize the scientific and hygienic aspects of corpse preparation and the rigorous training that is expected of professionals in this field; funeralwise.com devotes a great deal of space to the process of "calling for removal" of a corpse if the unthinkable should happen and the death occur outside a hospital setting. "Part time" embalmers and casket makers, so familiar from my 1980s fieldwork in Liberia, no longer exist in the US and other Western countries. Open-casket wakes and funerals still take place in small towns and rural areas and within specific religious and ethnic communities. As a resident of a small town in upstate New York for close to 30 years, I have attended many such "calling hours," some of which included public kissing of the corpse. It seems clear that these experiences are becoming rare, however, particularly in urban areas where cremation is common. Students in my undergraduate ethnographic methods course that included an exercise in recording inscriptions on historic head stones increasingly report that they have never visited a cemetery.

Death and mourning, formerly familiar and located in the home, has been thoroughly professionalized and commodified in American life, to the extent that today a few large corporations monopolize the industry, creating standardized products at different price points, all of which isolate the corpse and its preparation from the bereaved. I contend that for most of the journalists and even some of the medical researchers involved in creating knowledge about Ebola, *any* contact between corpses and untrained "lay people" appeared as exotic and even uncanny. The scientific consensus is that only 20 percent of new Ebola cases could be attributed to contacts from funerals; more frequently the illness was transmitted from infected people to their care givers. Certainly, for a virus as virulent and deadly as Ebola, reducing the number of new cases from any source is a serious concern. Yet, journalists continued to highlight "dangerous traditional funerals" in their headlines and gave little attention to findings that "safe burials alone would not bring down infection rates" (Cumming-Bruce 2014).

In his classic essay, "Grief and a Headhunter's Rage," Renato Rosaldo (1989) reflected upon how his own understanding of the anthropological creation of knowledge about death was changed by the tragic loss of his wife, Michelle Zimblast Rosaldo. "One should recognize that ethnographic

knowledge tends to have the strengths and limitations given by the relative youth of fieldworkers who, for the most part, have not suffered serious losses and could have, for example, no personal knowledge of how devastating the loss of a long-term partner can be for the survivor” (1989:9). We should include biomedical researchers and journalists as well as anthropologists in thinking about how to position those responsible for creating knowledge about Ebola. Noting that anthropologists have tended to treat death “under the rubric of ritual rather than bereavement,” Rosaldo points out the implications of this choice. “Ritual itself is defined by its formality and routine; under such descriptions, it more nearly resembles a recipe, a fixed program, or a book of etiquette than an open-ended human process. Ethnographies that in this manner eliminate intense emotions not only distort their descriptions but also remove potentially key variables from their explanations” (Rosaldo 1989:12).

In effect, the anthropological tendency to reduce the emotional experience of *death* to a proscribed *ritual* (funeral) “conflates the ritual process with the process of mourning, equate ritual with the obligatory, and ignore the relation between ritual and everyday life” (Rosaldo 1989:15). Although well meaning, based on sound ethnographic evidence and arguably unavoidable given the situation, the WHO procedures for conducting “safe and dignified burials” conforms almost perfectly to this analysis.

The protocol advises burial teams to arrive on site without wearing their Personal Protective Equipment (PPE), so the bereaved family can see their faces. Family members are to be included in such tasks as digging the grave, saying prayers (from a distance), and taking photographs of the dead body before it is prepared by the team. Special care has been taken to modify aspects of specifically Muslim practice, where the washing of the body is required by religious law. The innovation of the “dry ablution” allows a Muslim member of the burial team, in full PPE, to place his/her hand on clean sand or stone, then pass that hand over the face and hands of the deceased while saying a short prayer, simulating the motion used in washing. If no burial team member is Muslim, the process can be conducted by a practicing Muslim wearing gloves, after the body has been sealed in the body bag. Detailed instructions are provided for the shrouding of Muslim bodies in white cloth, or the use of white body bags if shrouds are not available. Family members of any faith are to be allowed to close the coffin (wearing gloves) and to carry the coffin to the grave, once the body inside has been sealed in several layers of plastic. They are to

be allowed to include personal items in the coffin (but not to handle, them, if they had been in close contact with the deceased) and to say prayers, sing, give orations, and throw the first shovels of dirt into the grave.

What would these protocols look like if anthropologists privileged the process of *mourning* over the ritual process of *funerals*? Could we specify practices like those that came so naturally to the women I observed in 1983, who patched together a “dignified” wake and funeral for a virtual stranger? Can we reinterpret the resistance to “safe and dignified” burials that continues to this day in some parts of the region, and which may be responsible for the stubborn persistence of Ebola cases, now threatening to become “low-level but endemic” in the area? Would body bags of transparent plastic help to make the corpse more “present” and allow more time for the family to express their grief while maintaining their safety? Are there other ways in which the symbolic equivalent of a body, like the shrines and cloths used for false burials in the southeast, could provide emotional comfort? If in the aftermath of the crisis and with the luxury of a little more time, anthropologists attempted to re-write the WHO guidelines from a perspective of bereavement, rather of ritual, what would they now look like?

Such questions sent me back into my notes and files in search of an unpublished conference paper (Moran 2000), written at a time when I was struggling to console several close friends who had experienced sudden, unexpected bereavement. In that paper, I argued that my American friends found their mourning temporally constrained by the familiar “stages of grief” outlined by Elizabeth Kubler Ross (1969). Breaking the process into five stages with the ultimate goal of individual “mastery” or management of grief, Kubler Ross’ typology contrasts vividly with the outbursts of crying, physical gestures, and communal experience I had observed in the field. In that analysis, I described how my foster mother, confronted with the news of the death of a close cousin, experienced something that looked to my eyes like a psychotic break. Just as quickly, when the word came that the cousin, although hospitalized, was actually not yet dead, she recovered her composure and resumed her position as a respected and dignified senior woman. Only moments before, she had been wild-eyed and shrieking with rage that some unidentified force was threatening members of her family.

Rosaldo notes that young fieldworkers often find expressions of grief and rage surrounding loss to ring “false” or fake in their intensity and this

certainly describes my initial reaction to the performance of grief witnessed in that incident. I spent many days and evenings “on the mat” with mourning Glebo women, and remember wondering at how they seemed to “turn on” and “turn off” intense periods of loud wailing and crying as if someone had thrown a switch (see also the description of Asante mourning in de Witte 2011). Usually, these outbursts accompanied the arrival of new mourners and other visitors, allowing those who had just come to experience the full range of emotion and distress, even if this had to be repeated multiple times over the course of days. The WHO guidelines, while “allowing time” for the family to express their grief, clearly demarcate the spaces in which this expression can occur (when the body is removed from the house, when the casket is lowered into the grave, when the grave is filled, etc.). Rather like Kubler Ross’ series of stages, each step in the ritual, once completed, is seen as moving the family closer to “acceptance,” mastery of their emotions, and a return to normal life. Once again, ritual is conceived as a kind of “container” for unruly emotions, which can be channeled and managed by patterned and familiar activity.

The rage and violence directed against the first wave of biomedical burial teams, so widely reported in the media, was understood as resistance to disrupted rituals, not as an aspect of bereavement itself. Rosaldo notes that “Although grief therapists routinely encourage awareness of anger among the bereaved, upper-middle-class Anglo American culture tends to ignore the rage devastating losses can bring. Paradoxically, this culture’s conventional wisdom usually denies the anger in grief at the same time that therapists encourage members of the invisible community of the bereaved to talk in detail about how angry their losses make them feel” (1989: 10). How differently would we interpret the rage expressed by many communities against health workers and burial teams if we situated it within frameworks of bereavement rather than a fear of “spirits” and suspicion of western medicine?

Admittedly, these observations may apply specifically to American or at least Anglophone news sources, which were exclusively consulted for the evidence cited above. It is quite possible that journalists and other knowledge producers from other linguistic and cultural backgrounds could or did recognize the difference between ritual and bereavement, and as a consequence interpreted the West African resistance quite differently. Perhaps to these observers, the binary distinction between Western science and African tradition was not as sharp and the common humanity

shared by those experiencing loss and those trying to help was not erased. It is difficult to find these voices, however, in the overheated reporting that characterized the last months of 2014, or in the protocols now certified by public health authorities.

In proposing modifications to ritual as the solution to "non-compliance" by Liberians and their neighbors with the biomedical practices of Ebola containment, anthropologists helped create a specific kind of knowledge about funerals, but perhaps failed to recognize and comment on the emotional response to sudden, devastating loss. Our emphasis on flexibility and innovation in local practices, a position taken to directly confront the mainstream understanding of "African cultures" as static and tradition-bound, has resulted in welcome new perspectives for our colleagues in biomedical fields, but has it gotten us any closer to the experience visited upon Liberians and their neighbors in the last year? Can anyone who has not experienced grief and loss themselves be trained to vicariously understand the experience of bereavement (see Árnason 2001)? Again, Rosaldo reminds us; "Funeral rituals, for example, do not 'contain' all the complex processes of bereavement. Ritual and bereavement should not be collapsed into one another because they neither fully encapsulate nor fully explain one another. Instead, rituals are often but points along a number of longer processual trajectories; hence, my image of ritual as a crossroads where distinct life processes intersect" (1989:20).

How different would our knowledge about the processes of bereavement in the West African Ebola epidemic look if anthropologists had paid as much attention to emotions as they did to ritual practices? How would the public's understanding be altered if journalists had reminded their audiences that, in the not so distant past, American and European families had "processed" their dead at home, and even posed corpses in "lifelike" tableaux with living people to produce a cherished photographic keepsake (Ruby 1995)? Could knowledge about "traditional African" funeral practices be therefore humanized and generalized, rather than reduced to an inferior form of knowledge vis-à-vis biomedical "truth"? Or when the next Ebola outbreak occurs, as it inevitably will, will the protocols and rituals developed in 2014 provide the template upon which the next wave of rage and despair is to be "safely" contained within ritual parameters? ■

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