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Ebola Through a Glass, Darkly: Ways of Knowing the State and Each Other

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ABSTRACT

The Ebola epidemic unfolded in radically divergent manners in two neighboring villages in Sierra Leone, with one recording 40 cases and 20 deaths and the other recording zero cases, though they are located only 100 meters apart. Presented with identical information about Ebola's cause and modes of transmission, one chief reacted by attempting to shield his village from outside knowledge and influence, encouraging his people to continue their normal practices of care and communion, and the other by instituting self-isolation, rapidly enforcing Ebola-specific practices among his residents. We argue that these opposing courses of action were the result of the chiefs interpreting health communications with respect to their social, historical, and political relationships with each other and with the state, and not as a result of one embracing medical knowledge and the other rejecting it. "Through a glass, darkly" refers to historical practices of knowledge interpretation in which knowledge is never treated as neutral information, but as implicated in relationships of power, rendering its political implications more important than the information conveyed. We distinguish between orthodoxy and orthopraxy—right belief versus right practice—to argue that the epidemic ended locally not through the circulation of knowledge, but

through the circulation of Ebola-specific practice. We caution against treating knowledge only in terms of its production, circulation, and consumption, and urge a new focus on knowledge non-production, obfuscation, and rejection. [Keywords: Ebola; Sierra Leone; ways of knowing; states of emergency; orthodoxy; orthopraxy; ignorance]

During the height of the Ebola Virus Disease (EVD) epidemic in Sierra Leone in 2014, the international community worked to "vernacularize" biomedical models of the disease. They did so hoping that biomedical models of disease into local concepts would help stop transmission (Spencer 2015:2). Health communicators encouraged people to shed the intimate behaviors of care—welcoming strangers into the home, careful personal tending to the ill, washing corpses for burial—that facilitated Ebola's spread, in addition to educating them in basic virology to reinforce behavioral changes. In spite of these mass "sensitization" campaigns (see Bolten 2012), the disease continued to spread. Medical education seemed helpless against "pavement radio" (Ellis 1989): people in the Bombali District of Sierra Leone, where this study took place, explained the catastrophic death toll in one village through the crash of a "witch plane" (Spencer 2015:2–3), with rumors circulating in urban areas that the disease's spread was a political ploy by the opposition party to poison wells in order to undermine the President.[1] Families continued to nurse their sick at home, bury their dead, and mourn with loving personal attention. In spite of this apparently willful ignorance of public health measures, Ebola did not spread exponentially around the country, and the 500,000 deaths that had been predicted by the Center for Disease Control did not in fact occur (CDC 2014). Transmission patterns were uneven, with some areas experiencing dozens of cases while others remained relatively unscathed, even if they were geographically and socially close. What accounted for this?

In this article, we analyze a case study of two neighboring villages in northern Sierra Leone, which we will call Mabele and Katibana, with Mabele experiencing over 25 percent of its population falling ill, and Katibana not recording a single case. The villages are located less than 100 meters from each other on a well-traveled road, and had long enjoyed a close and cordial relationship involving mutual work and ritual activity,

a situation potentially enabling the presence of Ebola in one to affect the other dramatically. That potential, however, never materialized into cases in Katibana. We argue that their divergent experiences of the epidemic occurred because the village chiefs interpreted their powers vis-à-vis outside knowledge and its purveyors in radically different ways, with one shunning the involvement of the government and the other seeing it as an opportunity to consolidate his power. Rosalind Shaw (2002:91) uses the phrase "through a glass, darkly" to refer to local understanding of knowledge in northern Sierra Leone as value-laden and political: information is never assessed as though it was value-free. Rather, it becomes "knowledge" by being interpreted through one's social and political relationship to the bearer of that information, and an appraisal of what the bearer gains by disseminating it. Ebola communications from the government and NGOs were viewed through this dark glass: many citizens were suspicious of the motives of health communicators and the so-called "neutral" information's potential to alter existing power relations. They could not see the messages as a straightforward articulation of the risks of a devastating viral hemorrhagic fever.

The two chiefs handled 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. It was the social effects of Ebola knowledge about which people were concerned, not the knowledge itself (see Murphy 1981). Both chiefs initially acted strategically—rather than becoming compliant or resistant (as health educators would label villages)—in their handling of EVD "sensitization." As cases increased, the chiefs and their communities assessed EVD knowledge from the perspective of their developing intimate experiences of the virus. These experiences prompted them to adopt EVD-specific praxis, because they now possessed their own evidence that avoidance of contact, for example, decreased the probability of infection. Though people at some point did begin acting according to biomedical evidence, overcoming Ebola in Mabele did not translate into scientific literacy. The Ebola bylaws, and not an embrace of germ theory, molded the popular response. In these two villages, Ebola continued to be a political rather than biomedical crisis, which in turn shaped the villages' recovery and relationship to each other in the aftermath.

The experience of EVD in the two villages began when the mother of a Mabele resident came to visit her daughter on October 1, 2014, after attending the funeral of an Ebola victim in a nearby village. She fell ill and died on October 10 after exposing her daughter and the rest of the household. Pa Ibrahim, the chief of Mabele, attempted to hide this information from Pa Mohamed, the chief of Katibana, and continually denied, even as other residents succumbed to EVD, that his village was infected. On October 12 Pa Mohamed forcibly isolated his village, banning contact between his residents and Mabele residents. This caused a political tumult between the villages, as Pa Mohamed had no historical right to usurp Pa Ibrahim's authority as chief of the "older" and "parent" village to Katibana, and appeared to be exercising political power beyond his station. Mabele suffered a violent, militarized quarantine beginning October 27, in which the country's President stripped Pa Ibrahim off his office and residents began to adopt EVD-specific behaviors. Those who survived their illness returned home, and quarantine of the whole village ended on November 21. The two villages faced an altered political landscape that resulted from Pa Ibrahim's refusal to admit the existence of EVD, and Pa Mohamed's eagerness to adopt government bylaws. Though the aftermath was characterized by residents engaging in the "social forgetting" of Ebola in order to reknit their relationships, the epidemic awoke a dormant power struggle between the communities over who had the right to benefit from the presence of foreign organizations, which was articulated as a struggle over the boundaries between the villages. Thus, Ebola's primary after-effects continue to be political, rather than medical.

We present our argument within a framework that utilizes three distinct but interrelated theoretical lenses. First, we introduce the *iustitium*, a state of emergency in which the rules of everyday life are suspended in an attempt to save the body politic (Agamben 2005:30). The chief of Katibana village, Pa Mohamed, was oriented to embrace humanitarian sensitization because of his village's close linkages with a foreign non-governmental organization (NGO) that would be disturbed or severed if his village was quarantined. He created a legal solution to what he perceived as a potential political problem, flaunting the formerly close relationship with Mabele village in his bid to protect Katibana's foreign linkages by instituting extreme EVD-specific rules for his people. Mabele's chief Pa Ibrahim, on the other hand, responded to the crisis initially by attempting to shield his people from outsiders, intensifying extant practices of secrecy and care. Iustitium

arrived in Mabele when the President himself dethroned Pa Ibrahim, installing a temporary "Ebola chief" to govern until the crisis had passed, reinforcing local interpretations of Ebola as primarily having political salience.

Second, in considering the relationship between belief systems and practice and how they influenced behavior during the crisis, we distinguish between *orthodoxy*, "right belief" (Bourdieu 1977:172, Shaw 2000:30), and *orthopraxy,* "right action" (Sutton 2007:4). We discuss how people comprehend, interpret, and act on different and potentially competing sources of knowledge during novel emergencies. Though "personal pluralism," where individuals hold multiple and even competing beliefs simultaneously, is common in Sierra Leone (Shaw 2002:62), EVD emerged simultaneously as political maneuvering witchcraft, "family swears," and a compendium of familiar physical symptoms that referenced other, common diseases (see Wilkinson, this collection). This confounded the initiation of a single "right" way of understanding its origins, complicating the possibility of breaking transmission through transforming people's beliefs. The intervention was deemed successful when attempts to transform beliefs about disease causation were discarded in favor of mandating temporary behavior change. The legal contours of EVD-specific praxis relieved individuals of contending with challenges to their cosmology, with people able to cite the bylaws that banned most interpersonal practices, and not germ theory, as a reason to reject everyday communion.

We conclude with an analysis of the villages' relationships a year after the lifting of quarantine, and introduce thoughts on *ignorance* as an emergent subject of ethnographic inquiry (see High, Kelly, and Mair 2012). In short, "knowing" was much less central to people's actions than "doing" during the crisis, and a slightly altered political landscape, not new scientific literacy or a new framework for assessing health communications, was the long-term result of the villages' experiences of Ebola. Inter-village relationships have been mended with few emergent animosities, save for the inevitable "opening" of Mabele to the outside world with the humanitarian aid that eventually arrived. A previously dormant feud over which village owns the land on which the foreign NGO operates is now active, with each chief attempting to achieve political ascendancy by claiming the land. Pa Ibrahim reiterated that he lacked power to enforce EVD-praxis, emphasizing that it was more important to restart banned community activities. This desire to recreate community, the cognitive dissonance that occurred in the aftermath when discussing Ebola in Mabele, and the

"active forgetting" (Shaw 2010) in both villages of the experience of the epidemic—including all health-related activities that also promote basic hygiene—became strategies for reconciliation. This points to larger questions about the importance of investigating the deliberate obfuscation, stagnation (as opposed to circulation), and discarding of knowledge in contexts of emergencies and their aftermath (Mair, Kelly, and High 2012:2). Just as the initial experience of the disease was political, the "social forgetting" (see Shaw 2010) of illness, death, and loss means that Ebola's echoes exist primarily in the villages' political articulations with the outside world, and not new orientations towards health and disease.

Methods

This article is based on Goguen's experiences as a resident of Katibana, where he has lived and worked since 2013. He conducted participant observation within the two villages from October 11, when news first broke of an Ebola victim in Mabele, and held individual interviews and focus groups with residents of the two villages from November 23 to December 1, after the quarantine was lifted in Mabele. When Goguen submitted the idea to various households to conduct interviews for research on the epidemic, he found people eager to relate their stories, which they articulated as a form of catharsis for mourning the dead and rebuilding the community, and so "the world would know." There was no possibility of anonymity among participants, with many requesting to tell their stories publicly. This lack of confidentiality, though unusual in ethnographic research, was predicated on both the small size of the villages—with everyone knowing which households were quarantined—and the constant circulation of information among them about the ill and the dead.

Goguen asked a local man who was fluent in both Temne and Limba to translate, however because the translator was not a professional, the second author wrote descriptions of what was being said, rather than having access to many verbatim quotes. Bolten reviewed the transcripts and suggested follow-up questions and frames of inquiry, such as people's understandings of the bylaws. We have reinforced Goguen's "accidental anthropology" (Pieke 1995) with data and analysis drawn from Bolten's 13-year-long ethnographic engagement with the chiefdom.

In the first section, we outline the historical relationship between the two villages, illuminating why each chief interpreted EVD information in

contrasting ways, setting in motion opposite courses of action. We then embed the narrative of the communities' initial experiences with EVD within a theoretical framework that foregrounds secrecy, concealment, and dissimulation, addressing the rapid spread of Ebola in Mabele through an examination of social orthopraxy and the safety of Katibana through the *iustitium*. The third section addresses the concept of orthodoxy and evidence, and what comprised evidence for witchcraft, curses, and politically motivated magic in the villages. This special issue is concerned with how knowledge was produced by various actors in the Ebola crisis, circulated, valued, and often rejected, with much of the implicit focus on the struggle to have multiple ways of knowing recognized and utilized in the campaign to stop EVD. However, in this article we invite caution against the potential to fetishize knowledge as something that is universally valued and valuable in social contexts; in this case the choosing not to "know" the science behind Ebola, and the "forgetting" of EVD-specific praxis and of the epidemic itself were critical in shaping how the crisis unfolded and how it was resolved at this local level.

Two Villages, Two Chiefs

The intertwined histories of Mabele and Katibana and the orientations of their chiefs were fundamental in shaping their experiences of the Ebola epidemic. Goguen's interviews with elderly residents in both villages revealed that Mabele, which contains about 100 households, is an "old," long-established village populated by the Temne tribe, the majority ethnolinguistic group in northern Sierra Leone. Katibana, much smaller at only 20 households, was founded relatively recently as a land grant from Mabele for a group of Limba, northern Sierra Leone's ostensible autochthonous tribe, based on the concept of the charitable hosting of "strangers" by landowners.[2] The Limba historically inhabited more marginal land in the hills and valleys of northeastern Sierra Leone (Fanthorpe 1998), moving into the lowlands recently as they were welcomed by Temne and other landowning ethnic groups. The implication is that the villages exist in a basic power dynamic of "parent" and "child."

The constitution of land ownership in the villages had important bearing on how the chiefs ruled, and thus the trajectories of adopting—or rejecting—Ebola-specific praxis. In Temne villages, the heads of familial lineages each have claims on land, and the "headmanship" of the

villages typically rotates among these ruling "houses," with the chief at any time being the elected representative of the house whose turn has come to rule (Goguen's interviews). That a family can claim the current village chief does not make that chief's rule, or the will of his family, absolute. Indeed, Pa Ibrahim had been embroiled for several decades in a dispute with another ruling house, whose head argued that Ibrahim's lineage did not have the right to rule because Ibrahim's mother belonged to the nomadic "stranger" tribe, Fula. As the head of the next house in line for the chieftaincy and as the largest landowning family in the village, Ibrahim's rival argued that he should rule in Ibrahim's place. Multiple political factions existed in advance of the Ebola epidemic, rendering Ibrahim's claim on the chieftaincy more tenuous. He worked hard to cultivate his popularity, according to Goguen's observations, by being a responsive and democratic leader.

Though factions can similarly exist in larger Limba villages, the chief is considered the owner of all the land in the village, and he disposes off the right to farm it to families at his pleasure. Considering that Katibana was extremely small, at only 20 households, there was little dissention with Pa Mohamed's rule. Pa Ibrahim's political hold on his village was thus far more tenuous than was Pa Mohamed's, and his ability to rule predicated to much greater degree on his ability to generate and maintain goodwill among the remaining landowners. Pa Mohamed was authoritarian and unpopular with his people, however there was no one among his residents who could challenge his power. That he set up a private jail to incarcerate his own people during the quarantine of Mabele if they broke his rules is indicative of his influence, as well as his style of rule.

The two chiefs possessed markedly different personal histories, which also influenced how they interpreted and dealt with the crisis. Pa Ibrahim, an older man without a Western education, was considered a "traditional" leader. His power, in spite of other landowners' contestation of his mother's origins, was accepted partly because the country's President was a member of his natal family. Being a lineage elder to the President granted his decision-making a certain weight vis-à-vis the President, though this ostensible seniority was challenged directly during the crisis. Pa Mohamed, on the other hand, was western educated, fluent in English, a fan of BBC radio, and much more comfortable with engaging the outside world than Pa Ibrahim. A registered nurse lived in Katibana, and the village had hosted a foreign NGO for many years. He traveled widely on

his motorbike, which gave him a much more acute understanding of the epidemic as it was unfolding than that possessed by Pa Ibrahim. The motorbike was, however a source of criticism from his people, as he was "always moving around" rather than attending to village issues.

The two villages existed in a "family" relationship that entailed longstanding ties of mutual assistance and respect, with Pa Mohamed and his people indebted to their "parent" village down the road (see Fanthorpe 1998). Families intermarried and the two communities participated in mutual ordinary assistance, assuring the circulation of people, goods, and resources through the households. The two villages were also tightly linked ritually, with the expectation that if a major event—death, marriage—occurred in one village, residents of the other would come to "greet" that event. "Greeting" involved active participation, with funerals marked by the public bereavement of everyone who knew the deceased, and each participating in the rituals of "undoing" that person's life (Richards et al. 2015:7). Thus were the villages bound together socially, historically, and ritually, with families scattered between them, and their two chiefs cognizant that any Ebola-related actions they undertook necessarily involved their relationship with the other village.

Ebola Through a Dark Glass: Power and the Praxis of Concealment

EVD was first experienced in Mabele and Katibana as an entanglement of ordinary social relations. Mammy Kadi, patient zero in this area, traveled to an infected village, a known Ebola "hotspot", to "greet" the burial of her son-in-law. The Muslim funeral involved the standard practices of family members washing the body of the deceased (Richards et al. 2015:3), with mourners expressing their bereavement through touching and kissing the corpse. She then continued to the home of her daughter in Mabele, and became ill in early October 2014. Her daughter nursed her at home. Mammy Kadi's rapid deterioration occurred simultaneously as Ebola sensitization was increasing in the region. Sensitization teams were linked with the National Ebola Response Center (NERC, n.d.), which was alerted whenever cases were suspected. Fearing the possibility of the government seizing control of his village through NERC, Pa Ibrahim ordered Mammy Kadi's son-in-law to take her to her home village, three miles away. He carried her the distance on his back and her family received

her, however, the chief of her own village ejected her the next day under the same fear of discovery. She died, on her son-in-law's back, en route to her daughter's home on October 10, and was buried in an unmarked shallow grave between the two villages. A blanket of secrecy fell over Mabele, with Pa Ibrahim denying, when confronted by Pa Mohamed, that Mabele had sheltered an Ebola victim. Pa Mohamed then contacted the nurse who lived in Katibana, explaining his belief that Pa Ibrahim had lied to him, and she alerted NERC. NERC's deployment teams were typically comprised of military officers, medical personnel, civilian educators, and contact tracers, and were authorized by the Ebola bylaws to forcibly evacuate the ill and quarantine homes. If NERC "knew" a village as potentially infected, they usurped any control that the chief or residents had over their activities.

The cascade of events nurturing the epidemic in Mabele was framed by the need for secrecy and deniability for Ibrahim to maintain his people's power with respect to outsiders. At the same time, however, Ibrahim's silence "[bore] the seeds of its own destruction" because silence cannot adapt to the need for constant flexibility in negotiating with others (Fermé 2001:160). Even after the task force had, on the nurse's information, traced Mammy Kadi to Mabele, Pa Ibrahim continued his denials. Pa Mohamed reacted by calling a village-wide meeting in Katibana and, without a consultative process, ordered residents to cease all interactions with Mabele, threatening them with fines and jail if they persisted. He instituted an iustitium (Agamben 2005:47), the suspension of law in response to a mortal threat to governance (such as invasion or civil war). When states of emergency were initiated in ancient Rome, magistrates gained unlimited powers over citizens as an accepted practice of saving the *res publica*. Paradoxically, the iustitium represents "order in a juridical sense, even if it is not juridical order," creating a state of emergency in its very exercise (33). What rendered Pa Mohamed's declaration socially and politically unprecedented was that Mohamed, as the chief of the young "stranger" village, did not have the right to declare the situation an exception under Sierra Leonean traditional authority. This right belonged to Ibrahim, and Ibrahim interpreted Mohamed's actions as a challenge to his seniority.

The social rupture sparked accusations that the "westernized" Mohamed was attempting to court more power for himself from the national government through the public adoption of outside practices, and Ibrahim reacted, partially because of his precarious political position, by helping his

people conceal their sick and dead, reinforcing their personal loyalty to him. He allowed Mammy Kadi's family to testify to the Registry of Births and Deaths that Kadi's grandson, who fell sick after contact with his grandmother and died on October 21, had had no contact with Ebola patients. They received the "Ebola free" death certificate, and the boy was buried the next day, with over 40 residents of the village attending. Pa Mohamed ordered Katibana residents not to attend, and Pa Ibrahim was incensed that the relationship between the two was "undone" by Mohamed's actions, and "undone" in a shamefully public reversal of their relative power. By boycotting a funeral, Mohamed exposed Ibrahim to the gaze of the national government and the medical/security apparatus. In instituting such a public act as self-imposed isolation, Mohamed damaged Ibrahim's ability to control the knowledge circulating to other outsiders, a practice known in the lingua franca Krio as "*tok af, lef af"* (Shaw 2000:38). This refers to those in power knowing more than, and knowing more about, the people under them than the converse. Socially "smaller" people are only able to protect themselves by saying as little as possible. Ibrahim interpreted Mohamed's revealing their rift and his flagrant violation of funeral etiquette, which is vital to the continuity of families, as a way of exposing Ibrahim as weaker. The revelation also socially damaged Mabele by disrupting rituals vital to molding the circulation of people and their labor. With family present in both villages, refusal to attend the funeral could be seen as a deliberate sundering of proper social relations. Mohamed went even further, imprisoning three teenage girls who had been caught trying to visit boyfriends in Mabele at night, thus reinforcing for Ibrahim Mohamed did not care to maintain good social relations between the villages.

The cascade of events stemming from this episode reveal that Mabele residents defended their privacy forcefully, and in a crisis turned inward in order to evade "capture", both physically and in terms of the balance of power, by outsiders (Shaw 2000:37). The nurse visited the house of Kadi's grandson the day after the funeral and found the boy's father dead, and his mother deathly ill. She alerted the quarantine team, who managed to remove the corpses but was prevented from quarantining the house by the village youth, who were armed with machetes and insisted that the deaths were caused by a family swear rather than Ebola (we will analyze the swear as evidence in the next section). In the days before the team returned with military reinforcement, on October 27, the residents of the homes targeted for quarantine had dispersed among related households,

whose members concealed them. This resulted in 43 more infections over the next three weeks.

As Richards et al. (2015:5–6)emphasize, even though Sierra Leoneans purport to trust their local authorities, they refuse to rely on them, and "in a crisis it is sensible to head for home." Every resident targeted for quarantine had another household to shelter them, and this was exactly how they reacted to the prospect of the authorities isolating them from the only people they believed would care for them properly. Even residents who suspected that Ebola was a contagious disease, and not a swear, nursed family in secret. A woman we call Elizabeth, who contracted the disease (and eventually recovered) while secretly attending two sick individuals, said that she knew they had Ebola, but hid them from the quarantine teams because "the men in my household refused." She explained she was unwilling to betray her family even as she believed her life was in danger. It was only when the military enforced the quarantine that she could safely turn herself and her charges over to external care. She explained that going around the men in her family and alerting the task force would have caused them to lose face and fragmented the household. It was more important to her in the short term to preserve what was left of her family's unity.

The importance of protecting social reproduction through proper funerary rights took an even deadlier turn in the village when the ritual initiator of the local Gbangbani secret society was infected, just after the first failed quarantine.[3] This secret society equips Limba boys for adulthood by giving them medicinal magic, technical knowledge, and membership in a community of men who clear land for settlements (Ottenberg 1988). Gbangbani ensures the future of villages, creating a source of lasting honor for their ancestors and descendants (Fanthorpe 1998:21), and stands as "a local moral community that keeps the outside world at bay" (17). Though Mabele village was larger, older, and home to Temne who had their own Poro initiation society, multiple residents told Goguen that locally Gbangbani is considered preeminent, with willing initiates only allowed to join Gbangbani if it is their first society. Therefore, the importance to the body politic of handling the death of the initiator properly cannot be overstated. The initiator died in a non-quarantined household, and was buried secretly in the middle of the night, with the full ritual due his position, so that his powers could pass to the next initiator. Gbangbani holds the designation of the "anti-witchcraft society," (Hart 1988:65), making a proper burial vital to the community's social ability to endure the crisis

in the event these deaths were witchcraft related. In spite of the fact that contact tracers had heard rumors that the funeral had occurred, no one would reveal the attendance list, because Gbangbani inspires a respect and dread unequaled by other secret societies (Hart 1988:60). The fact that the funeral took place in secret reveals that members suspected that the initiator had died of Ebola, however in spite of the danger the funeral proceeded in order to ensure the long-term survival of the body politic. As Bolten's long-standing research assistant explained in an e-mail, "An Ebola death is not nearly as bad as an Ebola burial. Only the body dies from Ebola, but an Ebola burial kills the spirit."

With deaths occurring daily in Mabele, fear and anger increased. The chiefs and their residents found themselves in increasingly tangled webs of power as they attempted to assert control over the situation. Families began to fracture as fear drove some individuals to go behind the backs of their family heads to report infections. The nurse discovered Kadi's son-in-law at home because his own father, Saidu, alerted her. As a "younger" man in his own family line, Saidu was not in a position to decide the actions of his household, even as he and his wife resided there and both feared that Kadi had Ebola. Saidu quietly granted the nurse access to their home, though he had willingly participated in his grandson's burial. The small acts of attempting to mitigate Ebola's devastating effects did little to stem transmission, as they were combined with other acts of sociality—such as funerals and caring for the ill—that ensured its transmission. Elizabeth only revealed the illness in her own home when the military showed up at her door, saving her men from "losing face" from her revelation.

The quarantine teams arrived and established military checkpoints at the entrance and exit of Mabele, and Pa Ibrahim continued to accuse Pa Mohamed of exposing him to foreign intrusion to reverse their balance of power. Rapid and widespread death under Pa Ibrahim's social orthopraxy and continued good health under Pa Mohamed's authoritarian iustituim prompted the further deterioration of social relations, and spiritual and cosmological accusations emerged. The nurse had conducted contact tracing from the first funerals and accurately predicted who would fall ill, which terrified people who held that the disease had a cosmological, and not a physical existence. Frightened residents accused her and Mohamed of slaughtering them with witchcraft to attract more resources to their own village through Ebola NGOs. These accusations also have a long history in Sierra Leone, from chiefs cooperating with European slave raiders in the

18th century, "eating" the profits of selling their own people (Shaw 2002), to educated people creating their own local NGOs in the wake of the war, and "eating" all of the money intended for their people (Bolten 2014a).

These accusations prompted the nurse to secretly bathe herself at night with herbs protecting her against retaliatory witchcraft, which she feared would cause her to suffer a painful, possibly deadly illness (Shaw 2002:61). The nurse did not fear that witchcraft would cause her to contract Ebola, rather she feared illnesses resulting from *ra-ser*, being shot by a witch gun, by residents who believed that she was herself a witch. Though the nurse was educated in germ theory and understood infectious diseases, she, like many Sierra Leoneans, considers other ailments to be "cultural," and resulting from magic. Had she fallen ill at that moment without contracting Ebola, she would have considered herself the victim of a witch attack. "Personal pluralism" (Shaw 2002:62) does not map neatly onto cultural frameworks of causation, as taking antibiotics and praying to a God for recovery would imply in a western context of addressing both a "how" and a "why" of disease. Sierra Leoneans possess their own frameworks for how evidence of a disease maps on to their beliefs about the world, with Goguen being told by some Mabele residents that, based on the visible evidence that people afflicted with malaria often suffer jaundice, that the disease is linked with consumption of excessive amounts of orange foods. This prompts a discussion of what comprised the evidence on which people in both villages interpreted and acted upon the unfolding events, and how praxis began to shift.

Thinking and Acting on Evidence: *Doxa* and *Praxis* in Confronting a Crisis

Bourdieu wrote that, "every established order tends to produce… the naturalization of its own arbitrariness," a self-evident world "where there is a quasi-perfect correspondence between the objective order and the subjective principals of organization" that he referred to as *doxa* (1977:164). In crisis situations such as the EVD epidemic, people are exposed to different or potentially antagonistic views, and either choose to adhere to their original beliefs (orthodoxy) or adapt those beliefs to incorporate new knowledge (heterodoxy). We argue for the existence of orthodoxy in this case, with people exposed to and resisting biological models for understanding Ebola's cause, even as they shifted their behavior (adopting *heteropraxy*)

to affect its outcomes. Residents reworked cultural explanations through the lens of their own position within a larger political context of power and domination. The Ebola bylaws, instituted before Mabele's first death but not enforced in the village until the quarantine, eventually negated the necessity for transforming evidence into scientific forms of knowledge. This was because legally-mandated EVD-specific praxis was not predicated on the need for belief change. As the illness and death toll began to rise in Mabele, residents confronted how the different explanations for Ebola were resonant or dissonant with their personal experiences of the world. We argue that instead of personal pluralism, the "evidence" that changed people's behavior in this crisis was separate from cosmological beliefs, with less powerful residents in Mabele embracing EVD-specific praxis earlier than those who stood to lose more politically and socially from opening their village to outsiders. Residents mined their cosmological knowledge with respect to their social position for interpretations of the source of disease, and then undertook the practices most likely to provide benefit within their own relationships. In essence, they undertook practices to thwart death, even as they did not necessarily accept the explanation for why those practices were effective. Their actions were pragmatic praxis, rather than pluralistic worldview (SLRC 2014).

Temne and Limba beliefs with respect to misfortune resonate with the cosmological world of the Azande in Sudan, where witchcraft explains causation for every misfortune even as the non-supernatural mechanics of misfortune are accepted (Evans-Pritchard 1950:68). In mining their understandings of the world for why Mammy Kadi and her family died, the logical cosmological reason was the first to emerge: she was the victim of a family swear. A swear is a vengeful curse unleashed on someone who has caused a rupture in the body politic through unfair dealings with another (see Shaw 2002:183), and it is a common understanding of how deviations from prosocial conduct return to strike an individual, thus regulating social conduct the way witchcraft regulates Azande social conduct (Evans-Pritchard 1950:63). It was well known that Mammy Kadi's family had been involved in a dispute over farming rights, and the inexplicable death of a child in the other family was attributed to Kadi's use of witchcraft. Kadi's sudden and agonizing death was proof that the other family's suffering and rage at the loss of a child—rage that becomes a "swear"—had "hit" the correct person. That family swears travel through bloodlines—a cursed individual is a cursed family—explained why Kadi's daughter, son-in-law, and grandchild

also died. It was only when others outside of Kadi's bloodline fell ill that another explanation began to emerge, namely that Ebola was a widespread and non-specific curse, spread between good people as a result of the prevalent atmosphere of fear and mistrust.

People engaged with the information provided by the Ebola teams, but often the "vernacularized" knowledge health communicators provided did more harm than good, as people tested these explanations against the evidence. One sensitization team in another village attempted a direct translation of biomedical terms, describing the virus as a *tumbu*, the smallest organism in the Krio lexicon, a maggot. Temne cosmology does not assign the status of living things to anything smaller than the eye can see, which is how most illness is attributed to cosmological maleficence (Shaw 2000: 30). On being told that the disease was a tumbu, one man sifted through the blood and body of an Ebola victim looking for the evidence. Upon finding none, he and his audience discarded the possibility of an "Ebola tumbu." His subsequent death was attributed to the vengeful magic of the sensitizers, who had been exposed as shams in their attempt to undermine people's ability to "know" the invisible world.

In speaking to Goguen in the aftermath of the quarantine, residents were specific that the evidence did not bear out the notion that the deaths in different villages had the same cause. The village of Petbana, located in the same district as Mabele and Katibana, was believed to have suffered the "crash" of a witch plane. This stems from the idea of a "witch city", where malevolent practitioners travel at night to harness the power of foreign technology and engage in nefarious deeds. It is tied to the cosmological framework of evil existing in a different geographic plane from the civilized world (Shaw 1997, 2002). Ebola struck Petbana with a secret exhumation and reburial of their village chief, who had died in an Ebola holding center. Though he was buried safely initially, residents returned his body to the village for washing and proper burial rites in order for the chieftaincy to pass to the next person. The whole village attended, resulting in dozens of deaths within days before quarantine was imposed. This tragedy could only be understood as magic gone haywire, thus the explanation that witches lost control of their invisible plane and crashed into the village (Bolten 2014b), an explanation that surfaced in other villages that suffered the same fate of multiple people dying at once (WHO 2014). Goguen asked Mabele residents if they had attributed their losses to a witch plane, and they did not. They cited the fact that their people had died

one or two at a time, and many days apart. This pattern provided a different kind of evidence than the "crash scene" of bodies in places where witch planes were blamed. People interpreted death through its social evidence, hence the precise difference between deaths caused by witchcraft versus those caused by swears. What medical professionals interpreted as "backward" thinking was a methodical linking of evidence and probable cause. Witchcraft causes physical symptoms and people die of their symptoms, but it was the witch, or the swear, or the curse, that caused the symptoms.

The bylaws were instituted by the national government in August of 2014, before Mammy Kadi made her way from the funeral to her daughter's home. The normal intimate behaviors of care and community were criminalized with fines of Le500,000 (about $130 USD) and up to six months in jail (Ministry of Local Government and Rural Development 2014), with "Ebola denial"—articulating a non-biological cause for the disease—similarly banned. Considering that the majority of the country's people live on less than $2 USD per day, the fines would seem outrageous except they echoed other recent periods of iustitium, and are borne out of older historical forms of state control (Reno 2008, Straus and Waldorf 2011:14). The bylaws became reality in Mabele when one household head was fined and jailed for blocking the quarantine team and shouting that the deaths in his household were caused by a swear. From this point, the severity of the consequences of Ebola denial negated any possibility of discovering if syncretic or new illness models were developed, but also protected people from having to change their minds about Ebola's origins. Goguen discovered this in the immediate aftermath of the quarantine in Mabele as he spoke to families and survivors, who, when asked about Ebola's origins, typically stated, "Well, you know the bylaws." People spoke about Ebola in terms of its legal, rather than biological reality. The "not talking" was a way of publicly "not knowing," rendering one legally harmless and allowing them to keep their own counsel about the many possible cosmological origins for the disease. The Ebola bylaws provided people the safety of not having to articulate a biological theory of disease to an educated foreigner in the wake of a months-long "sensitization" campaign led by outsiders that denigrated and sought to replace local cosmologies of illness.

wwPa Mohamed, on the other hand, is English literate and had heard about Ebola on BBC radio. He rode his motorcycle to Petbana and saw with his own eyes, as he said, "Ebola is real, and it is best if Ebola people are left to the white man's medicine." He had linked Ebola's existence

with British reporting and his own visual evidence of a devastated village, and immediately instituted all the recommended protocol, from banning "strangers" from visiting his village and halting all secret society activities, to putting a chlorine dispenser outside the mosque. Because Katibana's prosperity depended on maintaining a link with a local NGO, he was adamant that he be able to maintain it as an Ebola free zone, even as the NGO's activities ceased during the height of the crisis. Mohamed described his actions as being "quick to sensitize," in contrast to other chiefs. In speaking with Goguen, he explicitly linked his speed in adopting the bylaws with ensuring the prosperity of his village, and did not address his own thoughts about Ebola's origin. His rationale confirms the accusations of his critics, which was that he had betrayed his village's own original loyalties to Mabele as Katibana's "parent" village. In instituting his iustitium, he "undid" Katibana's relationship with Mabele, pronouncing that the village's relationship with foreigners was more important to its survival. Whether or not he embraces germ theory remains unknown.

Financial considerations were also factors in residents interpreting the disease as a manifestation of political practice, rather than as a question of knowledge. The national government's initial response to the crisis was to distribute millions of Leones (the local currency) in "sensitization money" directly to traditional rulers (Richards et al. 2015:6). Though the opposition parties accused the government of using Ebola-related cash flows to reinforce and extend the reach of their patronage networks (Reno 2008, Spencer 2015:3), it is Temne tradition for outsiders interested in discussing matters of village interest with the chief to "honor" him with money as a way of opening the lines of communication (Shaw 1997). One resident commented, "The chiefs are the way to the people. If the chief does not agree, the people will not agree." The government had clearly expected this to be effective, as once infections began increasing the President himself visited the chiefdom and personally harangued the chiefs for failing to transform their disbursements into action. He berated Pa Ibrahim personally, saying, "This village must have no chief, because he is too busy eating blood money." He accused Ibrahim of betraying him personally because he accepted money without enforcing the bylaws, as the expectation is that anyone who accepts money from a "big man" will support that big man and his directives without question (Käikhö 2012:181). Ibrahim was in a precarious position because of his tenuous claims on the chieftaincy, which potentially influenced his lack of action. Mohamed, however, received appreciative

praise from the President. His people resisted the new praxis originally, but after he demonstrated his "seriousness" through arresting and fining non-compliant residents, they quickly adopted the EVD-specific practices.

With President Ernest Koroma's intervention, all efforts at "sensitization" were replaced with the strict contours of legally mandated praxis. If Ibrahim refused to order his people to comply, someone else would. The President dramatically stripped Ibrahim of the symbols of his traditional office and appointed an interim "Ebola chief" to rule until the epidemic was over. Arguing that he was doing so in order to save the village from the fate suffered by Petbana, which lost 80 percent of its male residents after the reburial of the village chief, the President gave the new chief unlimited powers to control the village. A still-deposed Pa Ibrahim told Goguen on November 21, 2014 that the Section and Paramount Chiefs were responsible for enforcing the Ebola bylaws (Ministry of Local Government and Rural Development 2014), and he would have been overstepping his customary powers by doing so. However, he praised the new "Ebola chief" for enforcing them, offering clear evidence of his awareness that the regulations of an *iustitium*, the separation of a norm from its application during crisis, could not possibly translate into ordinary times. Pa Ibrahim did not see himself as a powerful enough leader to mandate behavior change (see Ingelaere 2014), and appeared grateful that he did not have to force his people to comply with EVD praxis. He believed that by refusing to bow to external pressure to change his village's internal workings, he saved his reputation as a fair, democratic chief, one who was more concerned about the personal political outcomes of attempting to force his people to comply. With his claim on power already tenuous, being a democrat—even with so many deaths on his hands—was a higher priority.

Though the "Ebola money" was cited by foreign NGO workers that Goguen spoke to as indicative of corruption, the distribution of sensitization funds to the chiefs was the most likely way of gaining their compliance and their enforcement of EVD prevention behaviors. It simultaneously enabled them to protect their people from threatening outsiders, such as NGOs and the military, by keeping their villages Ebola-free. This was the only traditionally acceptable way of changing people's behavior through the final word of the chief, while still respecting and upholding the chief's role in protecting his village from the outside gaze. However, individuals in this impoverished country systematically took advantage of these kinds of disbursements to improve their own position by skimming or "eating"

money entrusted to them for the public good (Fermé 2001:160). One contact tracer in the district admitted that he had added two pant sizes since the beginning of the epidemic, and the Auditor General's report noted that millions of Leones had gone "missing" during the crisis (ASSL 2015). As Shepler's article in this collection makes clear, whether through lack of paperwork and transparency, the use of informal networks to official purposes, or general misappropriation, money was a lens through which Sierra Leoneans made meaning of the Ebola epidemic. When the report reached the villages, the damning evidence was, "no more surprising to people than rain in July [the heart of the rainy season]" according to one resident. He and others expressed regret that "more of our men did not make the list." In taking money meant for Ebola treatment and relief efforts and potentially stymieing efforts at control, government and NGO employees were indeed propagating Ebola for profit, exacerbating the effects of witches practicing malevolent magic for personal gain (Shaw 1997), and reinforcing Ebola's existence as a problem of political praxis.

The evidence that turned the tide of the epidemic in Mabele was "what we could see with our own eyes," according to one resident. The nurse was sadly accurate with her predictions of who would fall ill after the boy's funeral and the disastrous first quarantine effort, and none of the ill who were nursed with traditional medicines at home recovered. Though residents initially accused her of witchcraft, the nurse was dogged in her continued predictions, always articulating who would get ill and who exposed them, without pressing a message of the biological basis for the disease. Rather, she focused on encouraging households to self-quarantine and send their ill to treatment centers. Once the quarantine was in place, the sick were evacuated, and, after a few weeks, survivors began returning home. Of the 43 who received treatment 18 people lived—an extraordinarily high survival rate that comprised a crucial bit of evidence for reinforcing EVD emergency praxis. Residents articulated to Goguen that foreigners had much more powerful means of curing Ebola than they did themselves. They were convinced that "white people have much better medicine for this powerful *kerfi* [curse] than we do," according to Saidu.

The disease was unprecedented, but so was the response: men in "space suits" entering the village, total isolation for treatment, and "Ebola bags" at burial, to name just a few practices residents cited as extraordinary. This supported the idea that an extraordinary event required an extraordinary solution (see Evans-Pritchard 1950:69), linking this "big hospital sick" (see

Wilkinson, this collection) to being cured by "white man's medicine" (SLRC 2014). In addition, submitting their ill for treatment at this late point in the crisis did not expose people to accusations of embracing foreign knowledge/power, rather it was the pragmatic thing to do. Indeed, as Fermé described for local political processes, "people will conform with the majority in public, but who knows what is in their hearts" (1999:170)?

We emphasize that what is theoretically and empirically important about the way EVD was experienced in the two villages is that there is no basis to assume that transmission of the disease could or would be stopped through campaigns of scientific literacy, or that the adoption of knowledge about viral hemorrhagic fevers would be an outcome of successful campaigns to eradicate the disease. As Mair, Kelly, and High (2012:8) explain, "Even in situations in which the creation of knowledge is explicitly at stake… the concerns of informants can not be reduced to a matter of knowledge production, transmission, and conservation…" It is vital to acknowledge that the experience of Ebola hinged largely on knowledge being treated as suspicious, and facts that seem vital for everyone to know—such as who was ill and where they had been—were treated as knowledge that should be hidden, unknown, unseen, and unstated. In this case, EVD knowledge coming from powerful outsiders was considered for a long time at least as dangerous as the virus itself. Though the virus would kill bodies, uncritical adoption of knowledge threatened social relations and the cosmological order, casting the future in doubt.

Conclusion: Forgetting and the Future

The lack of evidence for the adoption of scientific explanations for Ebola, in spite of the eventual embrace of "white man's magic" in fighting the virus, illustrates the resistance of cosmological belief systems to direct challenges even in contexts of extreme events, and that we must treat knowledge as embedded in its socio-political context. The bylaws created the possibility for consensus over right practice rather than dividing people over the possibility of changing beliefs, creating the possibility for peace and reconciliation in the aftermath. The non-acceptance of biomedical origins for EVD is really the only thing that keeps the possibility of positive social relations alive in the wake of this crisis, as embracing germ theory renders so many people here culpable for the deaths of their loved ones. The *refusal* of scientific knowledge is what renders social personhood and

peaceful relations possible (High 2012:119), with persistent ignorance of germ theory comprising a "virtuous" response to a crushing moral dilemma (Leitner 2012:89). Maintaining swears, curses, and witchcraft as the various origins of Ebola pressed people to work on their social relationships in the aftermath, mending the rifts that had caused widespread disease. This mending of fences also influenced the "forgetting" of the medical emergency. Just as the arrival of Ebola in the villages was interpreted through a political lens, its departure had greater political ramifications than health consequences.

The most damaging legacy of Ebola in this place was the possibility that social relationships might be forever injured by the breach of trust and the power struggle that had ensued during the crisis. Pa Ibrahim emphasized multiple times that good social relationships were "undone," a strong word emphasizing that, more than damaged, relationships were dismantled in ways that might be impossible to repair, much like unchopping a tree (Verdeja 2009). He cited an end to secret society activities, which had occurred communally, as a reason disagreements between families would likely increase because a crucial piece of ritual unity had been severed. As food aid and other supplies earmarked for quarantined homes began pouring into Mabele, Goguen overheard residents of Katibana grumbling that the "perpetrators" of the epidemic were receiving the NGO benefits, just as civilians complained that ex-combatants were being rewarded for the havoc they wreaked during the war while the innocent received nothing (Ginifer 2003:46, Shaw 2010:112). The sudden regard of former "family" as "the other" was similar to the idea that relationships between combatants and non-combatants were not salvageable after the war (Bolten 2012). At the same time, the institution of mutual activity and the refusal to publicly talk about the epidemic or the dead illuminated "social forgetting" as a practice of healing that was not limited to moving on from the country's civil war (Shaw 2010). Just as occurred after another time of extreme emergency, post-Ebola repair was predicated not on "learning lessons" from the crisis, but on rapidly readopting pre-existing forms of political and social relations, for better or worse.

Rosalind Shaw (2010:125) noted that a "cool heart" is a necessary precondition for good social relationships in Sierra Leone, and the challenge after the war was for people to "forget" the violence that was causing their hearts to remain "warm." Rather than individuals somehow developing amnesia, Shaw articulated a social process of people recreating their

communal pre-war activities and rituals in order to avoid the inevitable flood of memories that accompany being alone and "thinking too much." "Cool" activities displace "warm" thoughts to a place in memory where they can do no harm. As much as the Ebola epidemic during peak transmission was a crisis because health communication was interpreted "through a glass, darkly," it is emerging that recovery from this crisis is a process of "forgetting" the social damage that occurred. Though Pa Ibrahim was concerned about the destruction of unity in the villages, he was hopeful that the by-laws would be lifted by the dry season (around January), which marks the beginning of annual secret society activities, and would provide a way for the communities to "forget" their differences through mutual activity.

This idea of behavioral forgetting, as opposed to actual amnesia, reinforces the need for ethnographic investigations of ignorance, and in treating the lack of articulation and circulation of knowledge (in this case, scientific knowledge and memories of politicized decision-making) as a pro-social practice rather than a problematic void (see Leitner 2012: 88). Sierra Leoneans have successfully maintained a long history of managing power and difference by acknowledging that some knowledge should remain outside of the public domain. People are free to hide their true feelings publicly as long as they give themselves over to right social practice, and sanctions on unsociable behavior exist for the very reason that people are often tempted to work against the public interest. These practices in themselves cause a "slippage" in collective memory, as cultivation of good social relations in the present can overcome bad memories. As a Katibana resident explained, "If someone did you wrong… and he comes and gives you a small thing and tells you to forget, you should forget. It is not good to be fighting with your people."

Six months after the quarantine was lifted, it appears that the relationship between Mabele and Katibana had on the surface, returned to their pre-Ebola state, with no large-scale change in either doxa or praxis. In spite of communal society activities not starting again in the dry season, as Pa Ibrahim had hoped, the thick materiality of everyday interactions, with residents across villages engaging in mutual work, exchange, and assistance, seems to have returned, with feelings buried once again beneath the surface. However, the two villages have experienced a shift in their political identities, as their handling of Ebola molded how the government, NGOs, and foreign investors perceive and interact with them. Mabele continues to receive Ebola-related charitable assistance, while Katibana, as

a "development-oriented" village, has been identified by several foreign organizations for involvement in construction projects. As Pa Mohamed had rendered Katibana hospitable to external forms of power and knowledge before the epidemic, foreign investors rewarded his handling of the crisis with new development projects, and he has increased the wealth and infrastructure in his village as a result. Mabele's residents, on the other hand, are attempting to reassert their village's preeminence within their own realm. They have insisted in interactions with Goguen and residents of Katibana that although the NGO Pa Mohamed was so anxious to keep is associated with Katibana, it occupies land belonging to Mabele. Mabele residents are resentful of Katibana's rising status with respect to international development, and articulate publicly their rightful ownership of this space in hopes of being able to reap greater reward from their status as landowners. Before the Ebola crisis, Mabele residents felt no need to voice their rightful claims to this land. In crisis as in normal times, both chiefs revealed the importance of the local emphasis on secrecy, corralling knowledge, and deploying it for social and political purpose, with the epidemic and its aftermath unfolding in direct correspondence to their perception and handling of knowledge, and its relationship with power.

The "politics of knowledge" is more than just how knowledge is widely circulated, learned, utilized, and appreciated, it is also about how it is assessed with prejudice, secreted, manipulated, stymied, and sometimes also rejected. With anthropologists contemplating the Ebola epidemic as a crisis of knowledge, from the medical responders blundering because of their lack of familiarity with local social worlds and histories (Wilkinson, this collection), to the international scientific amnesia surrounding the virus itself (Green, this collection), we must also include the idea that it is dangerous to assume that knowledge, once produced, is guaranteed uptake. Indeed, as anthropologists contemplating the end of the epidemic, we must reflect on how much, and in how many venues, knowledge was not accepted, embraced, or adopted. Rather, we would do well to focus instead on the subtle difference between belief change and behavior change, and not treat them as coterminous. ∎

Endnotes:

[1] Personal communication (Bolten's Research Assistant). November 8, 2014. E-mail.

[2] The Temne ethnic group, which comprised part of the large Mande migration from Futa Jallon, Guinea, in the 11th or 12th century (Rodney 1970), comprise the majority of the population in northern Sierra Leone and the majority of landowners of fertile savannah farmland. The autochthonous Limba people have historically inhabited more marginal mountainous terrain (Fanthorpe 1998:17), and lowland settlements outside of historically Limba areas are often the result of Temnes hosting Limba "strangers" through the granting of land rights.

[3] The Gbangbani society is the secret initiation society for both the Limba and Loko peoples (also in northern Sierra Leone). However, this particular section comprised only Limba villages.

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