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Anthropological Insights into West Africa's Ebola Outbreak: Cultural Contexts and  
Global Health Responses

## **Anthropological Insights into West Africa's Ebola Outbreak: Cultural Contexts and Global Health Responses**

Ebola Virus Disease (EVD) presents significant, far-reaching challenges to global health, particularly in West Africa, where its impact transcends biomedical bounds. This paper explores the critical role of sociocultural anthropology in understanding and addressing the challenges EVD poses on a local and global scale and how its effects go beyond the realm of biomedicine. Furthermore, this paper reviews the seminal contributions of sociocultural anthropology that have advanced our understanding of the Ebola outbreak while arguing that incorporating anthropological insights - particularly in areas of cultural sensitivity, stigma reduction, and community-centered engagement - can significantly strengthen public health interventions. Through a synthesis of evidence-based anthropological strategies, this analysis demonstrates how deeply integrating sociocultural approaches can not only complement but also potentiate conventional biomedical approaches and public health responses. By focusing on the cultural and social dynamics at play, this analysis reveals that anthropological insights into these complex sociocultural dimensions are not only necessary but crucial for effective disease management and response strategies (Abramowitz, 2017). Building on the recognized context of Ebola's far-reaching impact on global health, the following discussion pivots to detailed explorations of specific anthropological contributions, by author, that tackle the complex challenges presented by the disease.

Before continuing, it is important to define Ebola. Ebola is a severe, often illness that is fatal to humans caused by the Ebola virus. Ebola is characterized by the sudden onset of fever, intense weakness, vomiting, diarrhea, muscle pain, headache, and sore throat, followed by

rash(es), impaired kidney and liver function, and sometimes, internal and external bleeding. It was first identified in 1976 near the Ebola River in what is now considered the Democratic Republic of the Congo. Undoubtedly, the disease has a high mortality rate. It is spread through direct contact with bodily fluids of an infected person or animal.

This topic ‘*Anthropological Insights into West Africa’s Ebola Outbreak: Cultural Contexts and Global Health Responses*’ is effectively complemented by the insights of Abramowitz, as she details the significant role that anthropologists played during the Ebola crisis. Abramowitz’s work asserts that anthropological insights into local beliefs and practices are essential for designing effective and culturally sensitive intervention strategies. For example, Abramowitz’s work underscores how anthropologists facilitated understanding between international health responders and local communities, helping to tailor public health messages and interventions that respected local customs and effectively communicated risk and prevention strategies. In addition, Abramowitz highlights how engaging with communities, respecting local practices, and incorporating local knowledge and leadership in health interventions can lead to more effective outcomes. In summary, her work emphasizes the importance of community-centered approaches in epidemic response. This approach not only helps in reducing stigma and fear but also empowers communities and scholars to lead more sustainable health practices.

This topic is also enriched by the insights of Ruth Kutalek and E. de Jong (2016), who explore the broader implications of integrating anthropological insights into global health policy and emergency prevention. They argue that anthropology can profoundly influence the development of health policies, verifying those policies are not only scientifically sound but also culturally attentive and socially just. Their review underscores the potential of anthropological

engagement to foster policies that are more equitable, sustainable, and culturally competent. Prioritizing anthropological methods, their work aims to enhance the overall efficacy of responses to global health emergencies by situating the contributions of anthropology within the broader policy-making processes. In summary, Kutalek and de Jong highlight how anthropological perspectives can bridge critical gaps between local realities and global health strategies and advocate for a more inclusive approach that respects and incorporates the diverse attributes, needs and strengths of affected communities.

Paul Richards' work (2016) "Ebola: How a People's Science Helped End an Epidemic" is highly praised for being an easily accessible and comprehensive text for all comprehension levels; many scholars have deemed it the best on the West African Ebola epidemic. Richards executes a social anthropological lens to analyze the epidemic. He focuses not only on the biomedical aspects but also anthropological approaches (i.e. local responses and social dynamics). Richard's book emphasizes the importance of community involvement and local knowledge in addressing and overcoming the crisis. In summary, Richard provides an insightful analysis into the Ebola epidemic, as he highlights how local knowledge systems and community-led initiatives were absolutely vital in controlling the outbreak. His work underscores the efficacy of "people's science", including the pragmatic, community-grounded and culturally sensitive responses that proved critical when formal medical interventions were limited. His analysis blends social theory with West African ethnology and offers a profound narrative on the social dimensions of health crises. He emphasizes the importance of culturally attuned, pragmatic participatory approaches to disease outbreak management. Richards' book underlines the need for an inclusive, anthropological approach to public health that harnesses both scientific and local expertise.

Adia Benton (2017) offers an analytical perspective on the role of anthropology during the West African Ebola epidemic. In her work, she uses the concept of virality to analyze how American anthropologists demonstrated the importance of their field during the epidemic. She executes this aim by examining the knowledge networks and digital media's influence on shaping our epidemic outbreak response. Benton interrogates the collective response of U.S. anthropology to the Ebola crisis. Her work scrutinizes how historical inequities and racialized perspectives within anthropology have influenced and impeded the discipline's impact on the US's official response to the Ebola outbreaks. In summary, her analysis revealed that digital platforms became conduits for establishing connections and disseminating knowledge related to the outbreak. These efforts through these mediums thereby highlight the viral nature of both the disease and the current information surrounding it. Benton's critique asserts that this replication and circulation of anthropological ideas contributed to the Ebola response. Furthermore, she discusses the discipline's efforts to strip itself of the pathogenic racial legacies ingrained anthropological practices within the U.S. context.

Shelley Lees, Jennifer Palmer, Fanny Procureur, and Karl Blanchet (2020) also explore the challenges faced by anthropologists during the 2014-2016 Ebola epidemic in West Africa. In this paper, the authors delve into the role of anthropologists in the context of medical humanitarian emergencies, with a particular focus on the Ebola epidemic. Together, the authors examine how anthropologists navigated their professional legitimacy and ethical responsibilities in the midst of contributing to the outbreak and epidemic response efforts. Specifically, the article highlights the tension between the urgent need for medical intervention and the necessity of anthropologists' role in ensuring that the deployment of medical strategies is community focused and cultural sensitivity within local and social contexts. It is important to note, the

authors assure readers that the anthropologists' involvement was not without controversy; their presence and roles were questioned both by medical professionals and by the communities themselves at various times. In summary, the authors argue that anthropologists play a crucial role in bridging the gap between local communities and global health efforts. They assert that without anthropologists, effective interventions, better understanding, and communication, gaining the trust of local populations would have not occurred.

Barry S. Hewlett's approach to evolutionary cultural anthropology offers a dynamic framework for analyzing the interplay between culture, biology, and ecology during health crises such as the Ebola outbreaks. According to Hewlett (2016), evolutionary cultural anthropology highlights the significant role of cultural knowledge in managing disease, especially through understanding local beliefs and practices around illness and death. For example, in this work he illustrates how the Acholi's indigenous knowledge about *gemo* - a local term for epidemic - enabled them to implement effective community protocols such as quarantine and specialized burial practices during the Ebola outbreak in Uganda. In his work, Hewlett asserts that these grassroots culturally informed actions were pivotal in controlling the spread of the disease and vital for integrating anthropological insights into global health responses. Highlighting the potential of anthropological contributions to enhance public health strategies, in summary, Hewlett's work demonstrates how evolutionary cultural anthropology facilitates a comprehensive understanding of disease dynamics and emphasizes the importance of culture in biological and ecological interactions. Barry and Bonnie Hewlett (2008) emphasize the profound influence of local cultural practices on the perceptions, spread, and management of Ebola. Their work showcases the importance of culturally informed health interventions, illustrating that cultural practices often dictate the community's engagement with health interventions. Their

analysis underscores the necessity of culturally informed health interventions, pointing out that these are not merely adjuncts but essential, effective components of effective disease control and prevention strategies.

Building on the Hewletts' insights, Emilie Venables' (2017) research delves into the complex experiences of Ebola survivors in Monrovia, Liberia. Particularly, Venables examines how survivors traverse their identities amidst societal stigmas and perceptions. Her study reveals that male survivors are often metaphorically labeled as "atomic bombs," a label that encompasses the fierce fear and stigma associated with the potential of men sexually transmitting the Ebola virus. In her work, Venables asserts that this intense fear leads to significant social consequences, such as isolation and calls for continued quarantine after medical clearance, which are often exacerbated by muddy communication regarding the medical realities of how EVD is transmitted. This illustrates a deep-seated threat to safety and community fear of reinfection. In summary, the study emphasizes the challenges in reintegrating survivors into their communities, including physical and psychological repercussions and social ostracization. She offers solutions by highlighting the essential role of valid health education to dispel myths and mitigate community fears. Venables' work is crucial in guiding public health strategies and community centered interventions aimed at fostering more inclusive and informed responses to survivor reintegration in epidemic contexts particularly EVD. Including stigma and identity crises among survivors, the social repercussions of Ebola are profound. Olive Melissa Minor (2017) further explores the social dimensions of Ebola, focusing particularly on stigma, identity crises and access to care faced by survivors by gender. Minor highlights the gendered nuances of stigmatization, showing how EVD disproportionately affects women and hinders their reintegration into communities and access to sustainable, long-term care. This discussion of

gender-based stigmatization broadens the understanding of Ebola's social repercussions and underscores the need for interventions that are sensitive to the intersectional identities of those affected.

Like Minor and Hewlett, Kristen E. McLean's research (2022) sheds light on the dynamic influence of gendered stigmatization during the Ebola crisis, highlighting Sierra Leone. Specifically, McLean explores how men in Sierra Leone are often solely perceived as perpetrators of violence or resistance, significantly contributed to caregiving during the Ebola epidemic. This is of importance because in Sierra Leone men take on roles that are traditionally associated with women in the home and community as well. For example, men take on more traditional Her findings reveal that men engage in both traditional and non-traditional forms of care, such as hands-on nurturing and emotional support for their families roles. In her work, it is discovered that the economic impact of the Ebola crisis forced many men to find alternative (and much more dangerous) ways to provide for their families, such as working in high-risk environments like Ebola treatment facilities. McLean documents how these roles, while dangerous, were embraced by men as necessary for the survival and well-being of their families, demonstrating a complex blend of vulnerability and resilience. In summary, McLean's work highlights the broader implications of gender roles in crisis situations and showcases the detrimental damage of being seen solely as perpetrators, showing how men can also embody roles of vulnerability and caregiving. Her research contributes to a deeper understanding of how gender dynamics play out during epidemic outbreaks, suggesting that both men and women can demonstrate a blend of strength and vulnerability. McLean's work contributes to this broader perspective for developing more effective gender-sensitive approaches in public health crises.



Emilie Venables and Umberto Pellecchia (2017) delve deeper into the operational role of anthropology in supervising Ebola outbreaks, both small and vast. Their work asserts that anthropologists can facilitate a more responsive and effective healthcare delivery. Through numerous case studies, Venables and Pellecchia demonstrate how anthropologists have played pivotal roles in developing and implementing best-practice health communication strategies and community engagement efforts. These efforts are shown to significantly enhance the effectiveness of medical interventions because they showcase how professionals foster a sense of trust and mutual understanding between healthcare providers and affected communities. In summary, Emilie Venables and Umberto Pellecchia's research underscores the crucial role anthropologists play in the management of Ebola outbreaks. They bridge the gap between healthcare services and community realities. They showcase that anthropologist can ensure that interventions are culturally sensitive to local norms, which is crucial for interventions to be successful. Their case studies offer evidence that anthropological engagement goes beyond mere observation and the biomedical realms, actively fostering community trust and shaping healthy communities, thus strengthening the overall response to disease outbreaks like Ebola. Advocating for a more integrated and empathetic response framework, Emilie Venables and Umberto Pellecchia's approach could serve as a replicable model for future health crises

Building on the examination of sociocultural dynamics, Paul Farmer's (2001) emphasis on social inequalities as significant factors in the spread and treatment of infectious diseases can be directly applied to the Ebola outbreak in West Africa. Farmer discusses how poverty, limited access to sustainable healthcare, and socio-economic instability in countries like Sierra Leone, Liberia, and Guinea contributed to both the quick spread of the Ebola virus and the obstacles in containing it. In his work, Farmer often highlights the importance of understanding local customs

and societal structures when addressing health crises, such as EVD. In the context of Ebola, cultural practices such as funeral rites, social customs and the mistrust of Western medicine played crucial roles in the outbreak dynamics. Anthropological insights into these practices could have informed more culturally sensitive and effective health intervention strategies. Farmer advocates for a holistic, anthropologically rooted approach to health that combines traditional biomedical treatment with social interventions. He highlights the importance of an integrated health response during the Ebola crisis, one that is not only aimed to treat the disease but also to improve the underlying social conditions, including enhancing healthcare systems, strengthening community education, and building and maintaining trust within affected communities. In summary, Farmer's argument concludes with a powerful conclusion, asserting that healthcare should be considered a fundamental human right. This rights-based approach to global health, if initiated and implemented, might have altered the course of the Ebola outbreak, leading to quicker global support and more effective containment and treatment strategies for the affected communities.

Continuing the discussion of sociocultural dynamics, Myfanwy Vaughan James and Shelley Susan Lees (2022) debate about the Ebola vaccine research, touching on topics of governance, bureaucracy and global inequality. Their discussion addresses vaccine distribution, trust (or the lack thereof) in medical interventions, and the roles of different governing bodies and their impact on not only public perception but also cooperation. Their work explores how the emergence of the Coronavirus (COVID-19) therapeutics brought forth issues of Western biomedical colonialism. They assert that there is an implication that the long-standing legacy of medical interventions by Western systems in African countries may have influenced attitudes and cooperation's towards new treatments, reflecting a history of skepticism and resistance due

to past experiences of exploitation, injustices, and unequal treatment. In summary, the authors detail how rumors influenced the unexpected adaptation of the Ebola trial procedures during the pandemic, illustrating the challenges of conducting clinical trials during times of widespread misinformation and ever-changing information on how to mitigate outbreaks. The authors assert that such circumstances necessitate changes to disease outbreak protocol mid-trial in order to maintain community trust and participation.

The vital economic and labor dimensions of humanitarian responses to health crises like Ebola Virus Disease (EVD) are important to explore. Veronica Gomez-Temesio (2022) critically inspects the portrayal of African labor within humanitarian efforts. In her analysis, she confronts the presiding narratives and practices that often conceal the significant contributions of local workers in crisis situations. Gomez-Temesio emphasizes the importance of acknowledging and valuing these individuals not just as recipients or passive participants but as principal actors whose local expertise and capabilities are crucial for the effectiveness and sustainability of humanitarian operations, particularly in intense crisis environments. In summary, Gomez-Temesio's work highlights the need for a shift in how humanitarian operations conceptualize, interact with and impact local labor, advocating for a model that recognizes the obligatory role of local knowledge and skills in managing and resolving crises during outbreaks and epidemics, such as EVD. It's important to recognize the nuanced roles of local workers in humanitarian crises because their on-the-ground knowledge and labor are the core and backbone of effective response efforts in disease outbreaks. As such, Gomez-Temesio's places a pressing need to reframe the operational dynamics of humanitarian aid to ensure local capacities are valued, respected, and adequately integrated into each seem in the fabric of crisis management. Gomez-Temesio's perspective is critical for reshaping policies and protocols, as she is justly reflecting

the benefits of these integral contributions for local communities in mitigating the fierce and detrimental impact of diseases like EVD.

Raphael Frankfurter's (2019) ethnographic work "Conjuring Biosecurity in the Post-Ebola Kissi Triangle: The Magic of Paperwork in a Frontier Clinic" provides a captivating case study that navigates the aftereffects of the Ebola outbreak on the healthcare practices in Sierra Leone. He explores the transformative role of biosecurity and epidemiological surveillance as emerging priorities within the Sierra Leonean health system, a system that has been historically and severely under-resourced. Amidst this transformation, Frankfurter notes the irony of the overwhelming focus on paperwork in health facilities while they simultaneously lack basic supplies and resources to treat their fervent infectious diseases. Through his fieldwork, Frankfurter sees the laborious task of completing paperwork as not only essential but required to ensure biosecurity, even when it obscures the provision of effective and accurate medical care. As an illustration, a nurse, Tamba, showcases the larger painstaking dedication to the paperwork, re-writing and correcting past records this culture holds. These efforts are interpreted by Frankfurter as a ritualistic practice, similar to local text-based healing rituals, to instill the bureaucratic act with an intention of magical potency. In summary, Frankfurter argues that in the face of material shortages, this dedication to meticulous paperwork assumes a performative and therapeutic role within the community, a role that reflects both the cultural value of written records and the local (and global health) community's fetishization of data collection, management and production. He asserts that this shift in focus may inadvertently lead to an emphasis on data generation at a great expense of investing in the necessary clinical infrastructure, resources and supplies that are evidence-based and known to have proven effective in controlling past outbreaks of infectious diseases.

Emmanuelle Roth takes on a unique approach to the EVD scholastic discussion. He discusses the post-2013–2016 Ebola epidemic investigations into the disease's animal reservoirs in West Africa. He examines how the bat reservoir hypothesis became pivotal to these studies and the economy of health projects around are a must to be explored. Roth compares the fixation on this hypothesis to a fetish. Roth's use of the term "fetish" is to describe the fixation on the bat reservoir hypothesis for Ebola indicates a deeper cultural impact. To expand, the bat reservoir hypothesis symbolizes how scientific ideas can become objects of mystical significance and can dominate and divide scientific discourse, public opinion, and therefore public cooperation. This conceptual framework leads to an investigation into how communities understand and interact with scientific theories, especially in the context of disease outbreak, which can be polarizing or unifying. Roth is passionate in analyzing how these reactions can influence public health strategies, public unification, and disease outbreak outcomes. In summary, Roth's analysis suggests that the process of certain scientific beliefs can have profound effects within the scientific community and affected communities. This author's work provides a unique anthropological perspective on the animal reservoir studies and scientific and communal responses to disease outbreaks.

Ultimately, this paper is a comprehensive synthesis of anthropological insights within public health responses to the Ebola Virus Disease (EVD) and advocates for a more humane and effective approach to managing health crises. The comprehensive analysis presented in this paper highlights the essential and multifaceted role of sociocultural anthropology in addressing global health emergencies and outbreaks, including the Ebola outbreaks in West Africa. By highlighting the importance of local knowledge and cultural considerations, anthropological methods encourage a shift from traditional paradigms - rooted in biomedical realms - towards more

integrative and empathetic strategies. This review strongly advocates for this paradigm shift in outbreak response strategies because there is a need to integrate anthropological methodologies into the public health toolkit; such integration is crucial for fostering scalable resilience and ensuring interventions are community centered and culturally congruent.

Looking ahead, this paper asserts that including anthropological insights and perspective in EVD outbreaks not only enhances the efficacy of interventions but also promotes a more equitable and compassionate framework for local and global health practices. In other words, this paper advocates for a more robust incorporation of anthropological research and insights into the planning, execution, and management of epidemic responses. This aligns with Emmanuelle Roth's (2023) and Raphael Frankfurter's (2019) calls for ongoing, evidence-based anthropological research that not only anticipates but also actively mitigates and manages the sociocultural challenges posed by future outbreaks, particularly in West Africa. As research shows, by doing so, we can significantly improve the immediate efficacy of responses and contribute to better long-term health outcomes for West Africa and beyond.

To address literature gaps effectively, future work should consider highlighting specific areas where anthropological research has been underutilized, not utilized at all or overlooked in epidemic response planning, especially for EVD. Future work should discuss the need for a deeper understanding of the affected populations' and how considering local social structures, beliefs, and behaviors can influence the success of medical interventions, beyond the biomedical realm. Future work can also begin to argue for a systematic review of past outbreaks where anthropological input was either not sought or insufficiently integrated to examine and understand the consequences. Additionally, this paper asserts a call for more and more consistent

interdisciplinary collaborations between mental health providers, anthropologists, epidemiologists, and public health officials to create comprehensive epidemic preparedness strategies. By identifying these gaps, this paper proposes a more nuanced and culturally sensitive and community centered framework for future global health emergencies.

In conclusion, the aforementioned contributions of anthropology extend beyond immediate crisis management to guide broader humanitarian efforts and global health policies. Together, these studies collectively demonstrate how anthropological insights and methodologies significantly upgrade public health strategies by integrating cultural sensitivity, stigma reduction, and community-centered engagement. With anthropological methods in tandem with conventional, biomedical approaches, scholars can pave the way for intervention responses that are as humane as they are effective. This holistic approach is essential for tackling the nuanced socio-cultural dynamics that are the underbelly of a health crisis like Ebola. This shift toward more dynamic and inclusive approaches ensures that interventions are not only effective but also respectful of the dignity, values, and cultural contexts of those affected. This approach not only enhances the scientific and operational aspects of disease management but also aligns closely with the ethical practices of respecting and understanding the cultural contexts of those impacted by epidemics. In closing, this comprehensive integration promises to rebuild the landscape of global health responses, making them more effective, humane, and sustainable.

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