

## **Understanding social resistance to Ebola response in Guinea**

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### **Abstract**

This paper seeks to understand the fear many Guineans feel towards Ebola response initiatives and why the educators, doctors and burial teams have sometimes encountered resistance, occasionally violent. Resistance has been catastrophic for the epidemic, preventing treatment, contact tracing and quarantine, permitting its spread. The paper sketches a history of dissent and violence during the epidemic before showing how some actions that Ebola response teams interpret as ‘resistance’ are less actions ‘against’ Ebola response, than actions that have their own cultural logics. But the paper then considers how resistance emerges as cultural sensitivities play into divisive ethnic and related party-political tensions relations, and the interpretive grids through which people make sense of politicians and the ‘white’ world. The analysis calls into question the social distance between the institutions of epidemic response and the communities affected, and the politicisation of health delivery where political parties are read as ethnically aligned.

### **Key words**

Ebola, Guinea, Violence, Resistance, Funerals, Party Politics, Mining, Sorcery.

### **Introduction**

This paper seeks to understand the fear felt by many Guineans towards Ebola response initiatives and why the educators, doctors and burial teams have sometimes encountered resistance, occasionally violent. Resistance, however temporary, has been catastrophic for the epidemic, preventing treatment, and contact tracing and quarantine, and thus permitting spread.<sup>1</sup>

Actions that Ebola response teams sometimes read as reticence and resistance are often nothing of the sort. That the ill might not present at Ebola Treatment Units (ETUs), for example, might simply be due to the financial and logistical impossibility of getting to ETUs or of attracting medical transport; to a lack of alternative child-care or the social and economic capital needed to survive quarantine; to problems in communication, for example when those misinformed that Ebola is caused by bush meat dismiss its possibility because they never touch it; to difficulties in differentiating the unfamiliar Ebola, which has very varied symptoms, from more common diseases (Richards 2015). Resistance cannot be inferred from ‘non-compliance’. Grounded research is essential to differentiate.

This paper focuses, however, on the range of more clearly ‘intentional’ instances of resistance. This, however presents further interpretive problems, as Ortner (1995) has

highlighted more generally. First, as we shall see, some actions that Ebola response teams interpret as ‘resistance’ are less actions ‘against’ Ebola response, than actions that have their own logics within culturally shaped practices, but which contradict Ebola policy. So after first sketching a history of dissent and violence as the epidemic has unfolded, this paper goes on to probe how existing cultural practices, especially concerning burial practices, intersect with Ebola response. Second, Ortner observes how any new pole of resistance (such as a community cutting road access to prevent ambulance entry) is inevitably entangled with existing social polarities and tensions, whether concerning gender, ethnicity, party-political or whatever. The paper thus moves on to consider how Ebola has played into existing ethnic and party-political relations in the region. This exposes too, the pitfalls of the earlier ‘cultural’ framing, as the cultural logics described are so clearly shaped by this political history.<sup>2</sup>

Third, Ortner asks whether studies attributing resistance to critically-thinking people might overplay their autonomy within the moral and interpretive grids that configure their thoughts. If so many Guineans have feared that Ebola has genocidal origins, is it simply attributable to their credulity to the circulating rumours, or is it because it makes sense to people when actively interpreting their world? How has cultural and political history produced the moral and interpretive grids that help independently minded people to come to these conclusions? The paper thus explores the grids through which the actions and motives of political leaders and the ‘white’ world might be interpreted – of the indigenous theorization of social action that make sense of the experiences as migrants, iron, gold and diamond miners, and historically of slavery and colonial occupation.

This analysis calls into question (a) the social distance between the institutions of epidemic response and the communities affected; (b) the politicisation of health delivery where political parties are read as ethnically aligned, (c) the social effects of the extreme inequality where outsiders’ wealth is built on the labour, resources and woes of Africa’s poor. These conclusions are relevant not only for the future of this epidemic, but for future epidemics. Delinking epidemic response from national politics and grievances will go some way to reducing resistance, as will re-embedding epidemic response into trusted health delivery systems and/or community structures.

### **Social resistance in Forest Guinea**

During the first three months of the West African epidemic between late December 2013 and 25 March 2014 increasing numbers of patients were treated by local healers and Guinean medical staff who were unaware this was Ebola and became vehicles for its spread<sup>3</sup>. The deaths produced fear in villages and towns, but a fear shaped by the unknown and concerns with ‘curses’ laid on the families affected. The village of Meliandou – the “Ground Zero” of the epidemic - was soon shunned by neighboring villages for the disaster it was understood to have brought on itself. Outsiders cut their roads and path bridges (Fairhead and Millimouno 2015). After the formal declaration of Ebola Virus Disease (EVD), discourses framing the disease rapidly changed. Within a week, MSF had helped Guinea’s Ministry of Health to establish an Ebola Treatment Unit in Macenta to where those showing symptoms were transported, and it instigated case investigation and contact tracing. The Government imposed restrictions on funerary rites and burial and on hunting.

Violent resistance was almost immediate. Within ten days, on 4<sup>th</sup> April, youth in Macenta town demonstrated en mass, and attempted to destroy the MSF installations and attack the fifty or more expatriates, some arguing that Ebola was false or spread by outsiders

(Obs 2014). In May, Ebola numbers in Guinea apparently declined, but when the disease and the response escalated again in June and July 2014, twenty six Kissi-speaking villages in Guéckedou Prefecture isolated themselves from Ebola response, cutting bridges and felling trees to prevent vehicle access, or stoning intruding vehicles (Anoko 2014).

According to anthropologist Julienne Anoko who helped resolve this problem, some villages accused others of being "traitors and to have sold out", preventing Ebola response reaching them. Those in the community assisting NGOs were beaten up. In several instances mortal violence was only narrowly averted. When a social mobilization team ignored a warning by women in Sagbè (who hold the balance of power there) to leave, the only just escaped. In mid-June, a delegation from Conakry was assaulted and wounded (Anoko 2014). In Tekoulo youth isolated themselves in farm camps in self-imposed quarantine, but feared that their elders and the humanitarian teams would spread the virus to them (Fassassi 2014). "We don't want any visitors.... We don't want any contact with anyone," referring to MSF. "Wherever those people have passed, the communities have been hit by illness (Nossiter 2014a)."

As Ebola and the response to it spread, so did resistance. An average of ten attacks per month have been reported against Red Cross volunteers alone in Guinea since July 2014, ranging from verbal to physical assaults (ICRC 2015). In August 2014, villagers in Koyama (Macenta Prefecture) took hostages and torched vehicles and a health center (Claver 2014). Later that month, twenty two people were wounded in a riot triggered by the spraying of disinfection in the massive Nzerekore market, interpreted as disseminating, not countering Ebola (GuinéeConakry 2014). On September 16<sup>th</sup>, eight members of a high-level delegation of doctors, politicians and journalists was murdered in the administrative 'sous-Prefecture' headquarters of Womey, their bodies disposed of in a latrine, and survivors pursued (Ouendeno 2014). Many villages in this vicinity isolated themselves in ensuing months (Nossiter 2014b). By February 2015, the Red Cross was reporting that in the eastern town of the forest region of Lola crowds of women gather to shoo the medical workers away, young boys throw stones and angry men reach for their machetes (Hissain 2015)."

Resistance escalated, too, in the West – in the capital Conakry and the nearby prefecture of Forécariah. Two members of Ebola response teams were killed in the capital, Conakry, in January, and two Policemen accused of spreading Ebola in Forécariah (AFP 2015a; Reuters 2015). Rumours that the Red Cross were infecting schools across the country led to chaos in late February, with violent attacks against Red Cross workers (Buchanan 2015).

#### **Illness, death and burial among the Kissi<sup>4</sup>**

This section examines some of the interpretive framings that many Kissi people (like many others living in Guinea's Forest Region) bring to bear on serious illness, death, burial that reveal why the Ebola response was so sensitive. As Ebola is at its most infectious at death and for two or three days before and after, efforts to contain the epidemic have focused on ensuring safe burial, and on isolating those infected. There are, however, enormous repercussions for the future prosperity of an Ebola victim's family if they fail to observe proper funeral practices. This clash of perspectives over the nature of death and what burial is all about has been the issue on which resistance has often turned, or the flashpoint enabling wider grievances to be expressed.<sup>5</sup>

Whilst those in Guinea's Forest Region have been exposed to assorted Christian and Moslem doctrines for a century or more, and whilst some practice these religions in the

churches and mosques of the region, the framings in which prosperity, illness and death are interpreted by the vast majority are rooted in a radically different conceptual and institutional order. The most distinctive characteristic of this is the role played by both the male and female initiation societies that each educate their initiates, shape social hierarchy, and demarcate sacred space beyond the boundaries of the public village. Whilst village (and regional) chiefs may have secular power, initiation societies exert power over the natural and social world and in particular over life's three major transitions: the birth of a child (a reincarnation from the 'village of the dead'); the birth of an adult (initiation during which the land spirit swallows adolescent children and expels them as social adults), and the birth of an 'ancestor' into the village of the dead (death).

Funerals are orchestrated to enable the dead to be born into the village of the dead where they attain the more elevated rank of an ancestor. A properly conducted funeral thus helps the dead to relocate and continue a similar life to those on earth and at times participate in earthly affairs. This 'village of the dead' is neither heaven nor hell as the way a dead person has lived on earth will not shape their destiny on the other side. They remain themselves. What determines their fate there will be the accomplishment (or not) by descendants of the requirements that are due. If the correct procedures and sacrifices are not made, their spirit will be condemned instead to wander eternally, angrily tormenting descendants and undermining their prosperity. A motivating force driving proper burial is thus not simply affection and devotion for friends and relatives, but fear of them.<sup>6</sup> Funeral ceremonies focus on placating the dead so they do not trouble the living, but bring aid.

A burial is usually held the same evening of the death, at sunset, or at the latest the next day to allow maternal kin and friends from neighboring villages to attend.<sup>7</sup> Proper conduct relates, however, to many practices beyond simply interring a body. First, people should care for and treat the mortally ill to the very end. Second, associates need to gather to hear the last wishes of the dying and witness bequests. Third, the passing must be mourned - women in particular inverting social norms with disheveled hair and muddied clothes, venting grief in screams and lamentation. Absence and absence of grief evokes suspicions of sorcery.<sup>8</sup> Fourth, debts must be settled before burial. Fifth, if curses or sorcery are a suspected cause of death, or if the dead are themselves suspected of sorcery, specialists must be called to resolve this. Sixth, the body must be prepared (washed, oiled, dressed, eyes closed) for the difficult journey ahead, sometimes rewashing and changing cloths to avoid waste. Men will wash and prepare men, and women, women. Seventh, the appropriate burial site must be determined and eighth, after burial sacrifices must be made to help the dead attain peace, avoid disturbing the living (beyond taking revenge, if a living person was responsible), and to continue to support the living. The specifics of burial of initiated adults also involve co-initiates - men for a man and women for a woman.

The scale and significance of each of these events depend on status. A funeral can be quick and perfunctory for uninitiated children and the socially marginal, but for the socially significant, whether elders, figures in initiation societies and politics, religious leaders, healers, prominent hunters, businessmen, former soldiers and so on, their conduct is inevitably far more elaborate, with more carers, more inheritance, more mourners, more debtors, more power, and the dead will have more expectation. As leaders of Women's societies reported to Anoko:

“the messages that were sent by rural radio initially said that the disease had neither vaccine nor remedy. This is what has caused panic and fear... We are afraid of the disease, but are also afraid of all those who come to us to make us aware of it, track

contacts or take away the ill. Our funeral rites are not respected. A circumciser, Sokonö, cannot be buried as a simple village woman (Anoko 2014a).”

Whilst there are many frameworks within which mortal diseases are understood and encountered in the region, they are usually attributed to wider cause; a fault, vengeance, punishment or warning. To recover, patients must confess their faults and if unresolved, after death the causes should still be discerned to avoid future troubles. In the “Ground Zero” village of Meliandou, for example, after the deaths of the three leading members of the women’s initiation society, the village approached a diviner (*wanayawa*) to identify the cause. The dead body (or a substitute of the deceased’s clothing, hair and nails) may be interrogated. This is head-loaded on a stretcher, and the *wanayawa* hails the deceased’s spirit and asks it about the cause of death or the faults they committed, with the carriers mediating the reply. A guilty dead person might reveal their acts of revenge or shape-shifting sorcery whereas the innocent might name a sorcerer.<sup>9</sup> It is important to resolve the cause, as significant living sorcerers should be countered by specialists, and dead sorcerers might create further turmoil if they are buried incorrectly in the village and helped to the village of the dead.<sup>10</sup>

The more important the person, the more likely it is that someone will be blamed. Relatives and associates are a focus of suspicion, with accusations turning on flashpoints of social tension - those demanding exorbitant bride-wealth or with inflexible attitudes to a debt and so on. As suspicion falls on the self-serving and incompassionate, the threat of sorcery accusations inevitably tempers extractive social action. Moreover, more important people attract greater suspicion of using sorcery to achieve wealth or power – a suspicion that tempers the abuse of power.

The dead are installed in the ancestral shrine (or women’s cult shrine) after burial by making a sacrifice and transferring them in the guise of a stone or metal object that becomes associated with the body during burial. The dead are thus ‘portable’ if correct procedures are followed and those buried away from home (in at ETC for example) can thus be integrated - if correct procedures can be followed.

Illness is not always attributable to the malicious living, but can be attributed the deeds of specific ancestors, to capricious spirits or to a fault with respect to the natural order. Faults are ‘social’ but as they go ‘against nature’ they have ‘natural’ consequences simultaneously both for the person and the natural environment around, and so could equally well be called ‘natural faults’ – and are collectively known as *maa*. A smooth-running, healthy world is an orderly one in which people, crops, domestic animals and wild animals reproduce as they should, and to this end each of these should reproduce in their correct but separate places and in their correct but separate cycles. People reproduce in villages, crops in fields and animals in the bush. The reproductive cycle for one child needs to be separate from the reproductive cycle of the next. The seeds of one year’s crop need to be kept separate from the seeds of the next. Actions that confuse this orderliness in which reproductive cycles of people, animals and crops are mixed, or the reproductive cycle of one season or of one child is mixed with another are the faults that cause ailments simultaneously for people and for the agro-ecosystem. Thus having sex in the bush, not the village demarcated for this, disrupts this order and brings reproductive illnesses on the perpetrators (described as a ‘tying’ of the body) and on the bush (causing drought, crop diseases and a ‘tying’ of the bush that interferes with animal habits and undermines hunting). Menstrual blood (part of human reproductive cycles) needs to be separated from fields, or crops and the person concerned will fail to get

‘pregnant’. Having sex whilst breast feeding a baby confuses one reproductive cycle with the next, bringing on ailments for both offspring and the mother.

What is true of reproduction is also true of death (or birth into the ‘village of dead’). Death should occur in the village (or the social, sacred forest), not the bush. Deaths in ‘the bush’ (e.g. such as happen in war, or when Ebola patients collapse en route) are faults that can lead to drought, crop diseases and such like. A death in one generation should not be confused with a death in the next. In particular, a mother should not be buried with her fetus inside her (for fear of disrupting not only this world, but also the ancestral one).

Such orderliness extends to economic affairs, and in particular the orderliness of ‘ownership’, honoring debts and reciprocating gifts that are similarly naturalized. Faults here include stealing, ignoring a debt and not-reciprocating a gift, and these too can bring on illness or personal catastrophe such as lightning strikes. The economic order is thus part of the fabric of the world; part of the natural order of things.<sup>11</sup> People should not be buried without their creditors and debtors settling their accounts, as this too can bring disorder among the dead as well as the living. Even if these breaches are accidental they still bring on personal and general ailments, and to overcome such problems if they have arisen, the faults must be identified and specialists must redress them; specialists from initiation societies who have competency in dealing with (repairing) the forces of nature that are manifest as the ‘spirit of the land.’

This is precisely what happened after an Ebola response team faced problems following the death of a pregnant woman in late June 2013, in what became an exemplary, but all too rare, case of cultural sensitivity that was mediated and reported by anthropologist Julienne Anoko (Anoko 2014b). When the pregnant woman died of suspected Ebola in Guéckédou Hospital, her family and village elders demanded receipt of the body or they would refuse to comply with contact tracing. They wanted to conduct the requisite caesarean so that mother and baby could be buried separately in order to prevent the generalised maternal mortality that would otherwise inevitably ensue from this fault. Pregnant women had already fled her home village for fear of the consequences of the fault. The medical authorities, however, considered that extracting the foetus would be too dangerous and so a stand-off ensued. “Without an agreement between the medical teams and the population, the woman could not be buried, and her body began to decompose (Fassassi 2014).” As Anoko reports, the danger for men of setting eyes on, let alone burying the dead pregnant woman, was so intense that even members of the Red Cross burial team refused to assist in placing her in a body bag. Only sterile or menopausal women (or those whose children have all died) can approach a pregnant corpse. Eventually, with the intervention of anthropologist Anoko, the villagers identified a procedure to repair the fault and the leaders of the men’s and women’s initiation societies agreed to conduct it to re-establish reproductive order and appease the anticipated wrath of the dead. The WHO paid \$660 for the cleansing, the burial took place and contact tracing was restarted. This was less ‘resistance’ against the Ebola response, than a more positive desire to see through necessary actions.

Many practices reveal the logics and significances of burial, such as the initiation or marriage of girls who die with these events looming, or the dilemmas over burial locations. Concerning the latter, people are buried in their village space if they are to re-join their already-dead family and friends, whether in, behind or between houses, and these are marked by stones or concrete. Strangers, sorcerers and ‘bad deaths’ (due to lightning), by contrast, are buried unmarked outside the village, by a path or crossroads. The first child to die of every couple is also the subject of special rites which reveal the distinction between faults to the ‘order of

things' and faults in relation to specific ancestors. The 'first deaths' are not mourned - their body instead returns to the land (to the spirit of the land) and not the village of the dead. Their body is wrapped in leaves, not clothes, and is only lightly buried, almost discarded, usually in a demarcated wooded area on the village edge (even a waste bin). They do not receive the regular offerings made to other ancestors placed on family altars during planting and harvest, but if there is a generalized problem - fire, drought, or perhaps Ebola- a diviner may indicate that offerings to these 'first dead' must be made as they are best placed to intercede with the land spirit (with the natural order, or other wandering spirits) that must have been perturbed by faults.

The dead are aggravated if ill-treated in their last day; if last words are not heard and honoured; if their debts are not cleared; if they are buried out of the village to wander eternally rather than be with their family or be returned to it. They are aggravated if the correct sacrifices are not made. The natural order is aggravated by the wrong people looking after a dying patient - people who do not respect the natural order of things - who have no understanding of restrictions over menstruation and what the effects might be, or worse, who have no understanding of the catastrophe that will follow the unrepaired death of a pregnant woman. Those who are ill do not want to be left wandering eternally, distanced from their loved ones who they would expect to meet again in the village of the dead, and deprived of the possibility of reincarnation. To die of Ebola is one thing, but to be deprived of an afterlife is quite another.

The Ebola crisis response has been conducted with little respect for the significance of events around death and burial for these aspects of personal and community prosperity and security. WHO guidance on 'safe and dignified' burial acknowledges the specifics of Christian and Muslim beliefs, but are silent on these concerns which are far more than simply 'religious' (WHO 2014). Indeed, as will become clear, outsiders have consistently portrayed those who follow this order of things as culturally 'strange' and backward, stigmatising it, as if the goings-on in Christianity and Islam were somehow more rational. The incapacity of the wider world to respect the views and values of those inhabiting the Forest Region has deep historical roots that have rendered competing claims over paths to the moral good, health and prosperity highly politicised. As we now examine, this politicisation has to be grasped to understand resistance.

### **Ebola, Politics and Fear**

It is the persistence of these cultural practices, not their demise that has attracted scholarly attention (Højbjerg 2007; McGovern 2013). To understand how this 'order of things' has endured despite (because of) 'modernity' and world religions among Kissi and throughout the Forest Region of Guinea, one needs to appreciate the difficult experience of these peoples in relation to both the Manding (often Islamic) world to its north, and the white (often Christian) colonial and neo-colonial order.

To the precolonial Manding savanna empire and associated polities to the north between the thirteenth and sixteenth centuries, Guinea's Forest Region (that is, Kissi, Loma, Kpélé, Guerzé, Kono and Mano) and lands in Liberia and Sierra Leone to its south was known as 'Worodu' - a land supplying cola nuts. Its experience was not only of cola supply however - it suffered periodic conquest and was plundered for slaves.<sup>12</sup>

When Forest Guinea was incorporated into Euro-American trade networks from the fifteenth century, it was initially as an exporter of the iron smelted locally, but it was then also plundered for Atlantic slavery before being subjugated violently by the British (Sierra

Leone), American (Liberia) and French (Guinea) colonies as the nineteenth century unfolded. Crucially, Atlantic slavery and colonization were experienced in this region not as an encounter simply with the Euro-American world, but with Manding warlords who profited from the slavery and then the rivalry between colonial powers. This brought terrible conflict and significant depopulation to the region from the sixteenth to the early twentieth century (e.g. Fairhead and Leach 1994) and heightened antagonism between inhabitants of the Forest Region and both the colonial (Christian) world and the Manding and increasingly Muslim political orders entangled with it (Anoko 2014a; Iffono 2010; McGovern 2013; Højbjerg 2007).

Inevitably, the initiation societies that coordinate the cycle of life and prosperity also orchestrated political defence, solidarity and confederacy. They drilled their initiates in the military arts of protection, concealment, defence and battle, including its secret drum-based communication. They also regulated trade routes, markets and monetary value.

Rosalind Shaw (2002) has argued that the pervasive fear of capricious wandering spirits and of duplicitous sorcerers in the community is actually an effect of (a 'memory' of) the slave trade and subsequent exactions. These fears emerged in response to slave raiders and a social world where villages were eventually apt to 'sell their own.' The arts of concealment and secrecy, she argues, are also responses to slavery, pointing out that pre-slavery accounts describe long vanished shrines to more neighbourly and helpful spirits who protected people from specific diseases and the like. The emerging importance of secret men's initiation societies in the 19<sup>th</sup> century for establishing regional political alliance, 'slave-free zones', trade monopolies and military security support this argument (Fairhead et. al 2003). In the Forest Region, however, these memories extend to fears not only of capricious spirits and ancestors, but to enduring concerns with the equally capricious white and Muslim worlds.

Subsequent history has kept alive these social and political cleavages in which the politico-religious order in the Forest Region opposes both the white and Islamic worlds. The Independent Marxist revolutionary movement that won Guinea's Independence in 1958 followed an aggressive policy of 'demystification' against initiation societies, destroying their ritual objects, exposing secrets, and banning ceremonies in an attempt to change mentalities in the pursuit of national unity, modernity and African communism (McGovern 2013). This was experienced, however, as political subordination of the region to the Manding and Islamic north (Malinke, Konyanke and Toma-Mania) as the revolutionary President, Sekou Touré was understood as 'from there'. Revolutionary land reform was experienced as a threat to indigenous land rights and as favouritism towards rival Manding immigrants (McGovern 2013; Højbjerg 2007). Those in the Forest Region continued their banned initiation practices in secrecy, and all the associated practices that infuse all aspects of everyday life from childcare, to healing, farm fertility management, hunting and funeral practices. All was legal across the land borders in Sierra Leone and Liberia. The effect of this suppression from 1958-1984 was to further politicise and objectify this order of things as a 'religion' that unified its people, so that from the 1990s, when restrictions on initiation societies were finally lifted, all politicians from the Forest Region turned to initiation societies to rally political support. The urban educated and 'Christianised' elite of the Forest Region nurtured their political aspirations by supporting them (McGovern 2013; Højbjerg 2007).

This 'revivalism' (it had not gone away) was thus entirely entwined with national politics, in which initiation society activities have been drawn on to produce not only a pan-



Kissi, and a pan-Loma political identity (as well as pan-Kpélé, Guerzé, Kono and Mano ones at that), but due to their common historical experiences, a pan-Forest Region identity which has enabled the political leaders of each language area to ally and form a power bloc in modern national politics.

The initiation societies have thus remained central to political action and prosperity. Neither Islam nor the Christian missions easily found local converts. In 1989, religious surveys in Magenta indicated that only 7 percent of Loma people professed Christian faith, whereas 78 percent followed traditional practices (Højbjerg 2007: 64-5). Most Christians usually also followed initiation society rites. The 15 percent professing as Moslems were essentially Loma's Manding ethnic rivals living in the region.

The Forest Region has been subordinated to other regions in subsequent national politics and has become highly sensitive to a 'conspiracy of power' that favours immigrant rivals and the white world even over its own resources (its land, globally significant iron ore, gold and diamond deposits). Their initiation societies remilitarised during the turbulent years of the Liberian and Sierra Leonean civil wars and became the locus of civil defence, with foes again being those of Manding/Islamic warring factions. Since then, episodes of sectarian violence especially between Loma and Manding have heightened tensions between those of the forest region (*Forestiers*) and those they would see as 'immigrants'.

A military coup in 2008 did install a Forestier, Moussa Dadis Camara, as President. He is Guerze (from Lola) and drew on initiation societies to build ethnic militias. His political ascendancy, however, was short-lived and murderous. Internal opposition was supported by the 'white' international community and he was eventually deposed in 2009 after an assassination attempt.

The revolutionary regime of Sekou Touré (1958-84) had developed a powerful state apparatus in central government, and in the Prefectures and Sous-Prefectures, where government-appointed employees represent the varied Ministries (Police, Agriculture, Health etc.) at every level. He instituted a political tradition that these civil servants (*Fonctionnaires*) would not usually be natives of the region where they were employed - in contrast with 'traditional leaders' be they elders, members of founding families, descendants of colonial chiefs (Schroven 2010).

Since then, but especially since 2009 under the current democratic Presidency of Alpha Condé, also from the Manding region, not only have Forestiers been governed by civil servants associated with the regions of their historic antagonists, but they assert, too, that they are discriminated against in recruitment and the nominations for administrative appointments. Figure 1 shows the regional, ethnic nature of political power blocs in the country. As Guinée news assert "This feeling of helplessness and impunity among aggressors has revived and exacerbated communal clashes (2014a)."

[Figure 1 about here]

The social and religious practices of the Forestiers are disdained by the rest of Guinea that is Islamic; by the Christian world and by the modernity of revolutionary African nationalists. As Ebola initially spread in the forest region, many Guineans elsewhere cast it as an ethnic disease (a disease of Kissi or of the Forestiers) (Camara and Lazuta 2015). The disease was thus quickly stigmatised within national ethnic stereotypes. The moral 'well' did not envisage getting it and did not take well to being educated to avoid it - of being cast as immoral. One effect of this stigma was that good Muslims, and especially Imams and Muslim

healers - who were at high risk of exposure given their role in healing and funerals for their community - were not quick to admit Ebola infection to themselves or others. In Macenta, Imams continued to wash the bodies of those who died for several months (until October 2014) and several were infected and died (La Croix 2014). It was an Imam who travelled to Mali, avoiding road checkpoints, who introduced Ebola there in November 2014 (Penny 2014). Imams have more recently led illegal funerals in the West of the country, the suppression of which caused riots in February 2015 (AFP 2015b).

Foresters, too, resented being cast as immoral by Ebola. Many interpreted the phenomenon either as a pretext for further suppression, or as introduced by outsiders. When the medical authorities began to visit villages that were free of Ebola, but to prepare them for it, this stigma was itself sensitive. Sensitivities were multiplied, however when the political elite who are locally so distrusted, joined Ebola sensitisation missions in a meeting style that confused it with electioneering. On 10<sup>th</sup> September, the four allied opposition parties from the Forest Region (that all draw on initiation societies for their powerbase) united to object to what they saw as this politicisation of Ebola sensitisation and called on public vigilance (GuinéeNews 2014b). Anxieties were raised further when such a delegation arrived at the Sous-Prefecture of Womey that included the Governor of the Forest Region and the Prefect of the Prefecture but who would speak only of Ebola and not the wider grievances that the community wanted to address to such leaders (GuinéeNews 2014a). A pastor of an evangelical church that was intolerant of initiation societies and who worked for a US-based “Christ-centred relief and development agency” accompanied them (CM Alliance 2014). And this delegation knowingly coincided with the ‘coming out’ ceremony and festival for new girl initiates that attracted senior initiates from neighbouring villages. The combination was incendiary. As the stench of bleach spray wafted over, inhabitants reasoned that the delegation was infecting the village and the initiation societies orchestrated a ‘preemptive’ attack, killing those of the delegation they could and tracking down those who had escaped (Brittain 2015). They then defended their village with ex-combat machine guns until the Guinean military eventually intervened (Ouendeno 2014).

The politicisation of Ebola response also aggravated dissent elsewhere in Guinea, and in particular Forécariah Prefecture. This is a largely Muslim, Susu-speaking region and was politically favoured under the Presidency of Lansana Conte (1984- 2008) and so aspects of the sensitivities specific to the Forest Region are not felt. Indeed, it had avoided the periodic strikes and riots of the dissatisfied ‘*peuple*’ (often youth) against ‘*Le Pouvoir*’ common elsewhere in the country in the early 2000s (Schroven 2010). Nevertheless, since 2008 when the locally supported PUP party lost power, tensions have escalated between the state officials posted to the Prefecture, who are now allied to the new ruling party (of Alpha Condé), and the local population. Youth had become more militant, organising, for example, to prevent an unpopular Prefect from speaking at high profile event. Ebola played into these tensions in September 2014 when a Red Cross team arrived to bury a prominent family matriarch, but were disrespectful when bagging the body and tossing it into a pick-up. “At this moment, a woman said that there is no Muslim religion in Guinea now. When relatives die, they one put into black plastic, unwashed (GuinéeMatin 2014, my translation).” At this, the family withdrew any support they had given, some youth reclaimed the body at knifepoint and another 3000 attacked the health centre, offices, vehicles and an ETC where WHO epidemiologists worked. The family proceeded to remove the body from the bag, wash and bury it (AfricaLog 2014). Youth claimed to journalists that no Ebola protection kits had been distributed in the town, voicing that “Only some political parties would have helped the town” - i.e. the locally supported party [the ‘Susu’ UFR] not the one in power (GuinéeMatin 2014).

The political sensitivities were similarly aggravated in Forécariah by high level political delegations that conducted Ebola sensitisation. The Minister of Communication led a 'high level delegation' to Forécariah in December 2014 (UNMEER 2014) despite being highly criticised by opposition leaders in October, for politicising Ebola sensitisation (Loudah 2014). Soon after his visit, on 14 January 2015, when senior police arrived at the village of Laya and gave a healer medication, tragically he promptly died, and villagers accused the police of killing him and of spreading Ebola. They lynched two and seriously injured others (Diallo 2015). At nearby Sinkine when health officials treated a water source, inhabitants noticed that it killed frogs (Ebola messaging heightened attention to the generalised death of bush animals) and assumed "that they came to kill us" - despite it being the Prime Minister's home village (or perhaps because it was, interpreting his political opponents to be behind the attack) (Guinématin 2015). The widespread suspicion of the genocidal intent of the party in power made it impossible for Ebola response to operate, even though dozens were dying. On 17<sup>th</sup> January, the security forces asserted control, arriving at 4.30 am, firing weapons and deploying tear gas to "extract" Ebola cases and conduct securitised burials. Residents fled to neighbouring villages (Flutrackers 2015).

As in the Forest Region, sensitivity here too, was not simply to the party in power but also with evangelical Christian missionaries. At Kabac, when three Baptist missionaries (from Sierra Leone) foolishly inspected and treated a well without first announcing themselves to customary authorities, rumors circulated they too had infected the well, and mobs beat them and set their vehicles on fire (KPBS 2015, Wikinews 2015).<sup>13</sup>

These examples show how non-compliance, fear and resistance are associated with a radical distrust of the party in power and those working for it. This was "Not a battle against the Red Cross, but against the [perceived] abuses of Mr. Condé ("Abedi" in Momou 2015)."

Ebola contact tracing is experienced as highly intrusive surveillance from well-resourced state officials at an intensity hitherto unknown, documenting friendships and movements in regions where the state authorities usually don't care. Such intrusion by state employees was experienced as highly invasive political intrusion by those fearful of the current regime-- and resisted. Fear in the reticent villages of Guéckedou, for example, was enhanced when a 40 year old woman (probably a leading figure in the women's initiation society) who was a known contact of a positive case and who was hospitalized in Guéckedou and, showing symptoms, 'escaped' in early June across the Liberian border into Lofa County. Surveillance teams tracked her down in Liberia and transferred her back to Guéckedou where she died (Fassassi 2014, Government of Liberia 2014). Such cross border tracking has been unheard of, historically.

Ebola deaths interpreted as politically and religiously motivated are not only playing into an increasingly ethnicised politics, but are upping the stakes by transforming latent distrust and grievances into a fear of actual genocide. But how could people's distrust in Guinea become as visceral as to think that Ebola was not only introduced by outsiders but done purposefully 'to destroy them'? The proximity of the most violent resistance to corrupt mining businesses indicates the need also to examine how those in power enjoin with foreigners ('whites') to expropriate (steal) locally claimed resources. As we go on to consider, sense can be made of the immoral, callous nature of this robbery within narratives of malicious sorcery: together *'le pouvoir'* and the white world is more concerned with mining profit than people.

That intensity of fear, resistance and violence has been at its highest in proximity to mines. Womey is only 15km from Simandou, the world's largest untapped iron deposit and Africa's largest proposed mining venture that has become iconic of global and Guinean corruption ; the "corruption deal of the century" (Kochan 2013). Having pledged to invest just \$165m to secure the mining rights, a company owned by one Benny Steinmetz sold a 51 per cent stake to a Brazilian company, Vale, for \$2.5bn, and Steinmetz walked off with \$500m even though nothing had been dug – and before being accused of corruption. The mine had employed some 3,000 locals in preparing local infrastructure, but they were laid off in August 2014, the month before the Womey attack (Economist2015). Many other villages nearer this mountain mine, including those on its slopes such as Dondano, isolated themselves off from the international Ebola response in October and November 2014 despite being afflicted by Ebola (Nossiter 2014b).

As a web news site, GuinéeNews, reported, very early in the epidemic, marginal websites such as RumorMills.com, WikiStrike.com and Beforeitsnews.com carried stories that Ebola originated from an accident in a secret biological weapons laboratory located in Kenema hospital in Sierra Leone, funded by George Soros, a great friend and political and financial supporter of president Alpha Condé, and associated with the Simandou project. Soros's NGO, the Open Society Foundation, refuted the rumours. Other sources trace Ebola to Benny Steinmetz's revenge against the expropriation of his mining rights:

"In some areas and in remote villages, people firmly believe in the version of the introduction of Ebola by whites who have mineral resource interests, with the complicity of the government for the sole purpose of destroying their communities (GuinéeNews 2014b, my translation)."

In Forécariah, violent resistance has also been most intense in villages most affected by the iron mines that became newly operational in 2012. Laya, where police were killed, for example, is the village most affected by the Bellzone mine (50 percent owned by the China International Fund) in Forécariah which started operations in 2012 (Bellzone n.d.). These mines are also the stuff of global businesses with white expatriate management clinching deals in Ministries. Bellzone reportedly had exceptionally poor worker relations and were unpopular, too, for moving the ore in dangerously fast, huge lorries along dirt roads. The promised local development taxes (of \$1m) went unpaid and their payments for local subcontractors were always delayed. They ceased producing in April 2014 and laid-off all their workers in October 2014 attributing this to Ebola, rains, frequent strikes and low iron prices. As the chief at Laya said, "despite many of our children working there, the company has never done anything for the village (Sylla 2015)."

Those from the villages in proximity to these mines have, from their perspective, historical claims to resources on their lands, but the state, controlled by political opponents and in league with foreign mining firms has denied them any benefits beyond the most precarious of employment and unmet promises. What kind of person can pursue such economic injustice with apparent impunity?

### **Explaining immorality**

A seventy-five year-old elder today experienced the brutality of colonial extraction until they were 18, and then the command economy under Sekou Touré until the age of 42. As youth, their families suffered the coercive labour to build roads and railways, strict controls over

mobility, and if employed in colonial businesses, their apartheid and extreme inequality. More recently youth have experienced similar racism and apartheid when seeking their fortunes, whether in attempts at international migration, for example, or as workers in alluvial diamond, gold or iron mining; whether as employees under white management or as precarious artisans often expelled forcibly from the most productive deposits that the state sells out as concessions to white investors. Local experience of the white world has not been of noble 'humanitarians' but of a callous selfishness that is vicious in the pursuit of accumulation.

Such antisocial (sociopathic) characteristics would usually attract suspicions of sorcery in communities, not only in the Forest Region, but across the country. As Shaw has noted across the border in Sierra Leone, Europeans and often Africans educated in European ways display many other characteristics of witches: they lead a secluded life and don't share their gains. They exchange abrupt greetings, eat large quantities of meat and eat alone (Shaw 2002). Shaw found how "European and North American cities represented inaccessible urban landscapes of wealth, power, commodities, technology, mobility - and witchcraft (209)." She noted, however, that her informants drew a telling contrast between European sorcerers who harness their powers to achieve material success and technological dominance but make their products public and visible, and African sorcerers who "keep their wonderful... inventions hidden, thus blocking Africa's material development (210)."

Early in the Ebola epidemic, angry informants in Guéckedou Prefecture were worried by Ebola Treatment Centres and thought they were being lied to not only because patients were not being properly fed or looked after but also because they thought that once a patient died "he would be deprived of his organs and of his blood (WHO 2014b)." Whilst people sought to avoid ETCs as they were locations where one might become infected with Ebola, such obvious cross infection was feared to be their *raison d'être*: "that patients with Ebola in treatment centres are being given infected blood to hasten death (Bannister-Tyrrell 2015)." These are suspicions of white sorcery. An expressed concern with sealed body bags (and in Liberia, of cremation) was that they hid this killing for body-part commerce and consumption (Abramowitz and Omidian 2014). There have long been worries in the region that western medical facilities steal good, African blood to send to Europe or America to make medicines. Western biomedicine is not inevitably interpreted as 'secular', but is associated both with the religious institutions that bring it (e.g. mission clinic) and the mysterious forces and sorcery of the state (Fairhead et. al. 2006).

The incipient anthropological literature that discerns how 'white people' are envisaged in West Africa reveals varied speculations on, for example, how Europeans acquire the power to identify diamondiferous and auriferous regions; how they have 'four eyes' in the ways indigenous 'seers' also have; how they have devices, too, that see beyond (sometimes described as binoculars); how they acquire African masks to harness their spirits; how they catch nature spirits, transporting them to Europe for profit, just as they have been doing for decades with diamonds and other precious resources (e.g. Diggins 2014; Diawara 1994).

This intrusion by white people in the Ebola epidemic, moreover, carried all the hallmarks of overt sorcery. Those who arrive have been dressed in suits and masks that are so easily associated locally with the activities of secret societies. Eventually doctors, nurses and burial teams took to dressing in the presence of villages because the suits provoked attacks. Where Ebola teams have visited villages to pick up bodies and pump disinfectant, they also mimic unwittingly the well-known traditional practices in which society leaders sprinkle

decoctions to purify. When the markets in Macenta and Nzerekore were visited by those clad in Personal Protection Equipment who sprayed disinfectant, they attracted mob attacks.

This is not a fear of whites alone, but of Africans who are ‘white’ and of a ‘conspiracy of power’; of those born, educated and working abroad, or even in the case of President Alpha Condé of those who have also become initiated into the white esoteric secret society of Freemasonry. The magazine *Jeune Afrique* called this to the attention of Guineans in 2011 and 2013 and the specific concern with Freemasonry and uniting of Islamic and Christian powers punctuates opposition websites that cast Alpha Condé as murderous (‘Abédi’ in Mamou 2015).

For many, the formal state is a façade, and people are suspicious of hidden, often occult motives, seeking what Ferme (2001) aptly describes as the ‘underneath of things’. There are several reasons why the Ebola phenomenon was likely to be associated with sorcery, and with ‘Western’ sorcery when it claimed knowledge of it. It is a disease of the social; of those who look after and visit others, and of those who attend funerals. Those who avoid it would be loners and those who accumulate more than participate, and those who avoid funerals, touching each other and the like – all classic indicators of sorcery. Ebola is a disease of the socially good, and official discourse suggests avoiding all that is socially and morally ‘good’. It is a sorcerer’s disease.

Sorcery can, however, ‘meet its match’ in the powers that specialists can harness to protect against it – whether it be the powers of Christian or Muslim God, or the powerful spirits of initiation societies. This trope is captured in a ‘chalk board’ news stand in Liberia

“USA 0: Ebola 1. Ebola Attacks Creator? Launches Attack in the US and Europe from Liberia – kills 2, leaving fear as President Obama urges calm. Despite accusations of the US Governments creation of the deadly Ebola virus to fight China out of Africa for Africa’s resources, the disease has attacked the US from Liberia.<sup>14</sup>”

It is the trope, too, behind the reading of Ebola that emerged in May 2014 in northern Sierra Leone and across the border in Guinea that those suffering Ebola were witches whose plane had crashed (Bolton 2014). Exactly who these witches were, remained open to speculation. Whilst the aeroplanes constructed by whites usually fly openly, those constructed by African witches (and by men’s initiation societies in the forest region whose powers are construed as sorcery in other regions) enable them to pursue their prey invisibly over great distance. Ebola had rebounded on them.

## Conclusions

Several simple recommendations emerge from this analysis. First, not all non-compliance is ‘resistance’, and good communication or research with affected communities is essential to understand the community logics driving non-compliance. Second, the logics driving practices around illness, death, burial and the afterlife are rooted in core local values that if not respected generate stand-offs and flash points. Cultural sensitivity in this region must go far beyond the lip-service paid to them in ‘safe and dignified burials’.

The character of resistance in Guinea, however, is rooted in a much deeper political and economic experience. Cultural issues have provided flashpoints, but violent resistance cannot be explained simply in relation to these cultural issues alone. It is attributable to (a) the experience of current ‘party politics’ and their deeper historical meanings, (b) distrust of

the party in power and its links with foreign business that dispossess local communities of their resources (minerals, lands, bodies), and (c) local interpretations of the powers of white and African actors that drive such immoral social practices. Third then, to avoid such resistance, Ebola response must be depoliticised in regions of political opposition, and as far as possible put into the hands of administrative powers that can hold the confidence of the people. The messenger is more powerful than the message.

It has long been appreciated – from earlier outbreaks Central and East Africa - that Ebola is a social phenomenon, not just a virus; that reticence and resistance accompanies Ebola response, and that addressing this is crucial to the health response e.g. (Hewlett and Hewlett 2008). Only days into the current West African epidemic, WHO deployed anthropologists (Julienne Anoko and Alain Epelboin) with longstanding experience addressing these issues in Central Africa, and they immediately focused on the need to “humanise” ETC admissions and ensure that families be as involved as possible in burials. As the Hewlett’s argued, the medical response will be more effective when working with, not against, local caring practices and modes of isolation that are functional to addressing epidemics.

Even best practice in ETCs and burials would likely be inadequate, but rather than realise this and build links with communities to find ways to work through the potential flashpoints, Ebola response has instead contributed to the stigma of these institutions.

Thirty years ago, MacCormack (1986) recommended for regions of Sierra Leone sharing similar cultural worlds to Guinea’s Forest Region that “that lineage and secret society chiefs must participate in the planning and implementing of primary health care initiatives. They have been the health educators, herbalists and midwives for millennia, and their concern for the health and fertility of their people is genuine.” She argued that “Hospitals must allow for visits of extended kin; for chaplaincy visits from lineage and secret society elders, and for ceremonies of reconciliation to be carried out on hospital premises [or] patient may be taken away from hospital before a course of treatment is completed.”

This analysis, however, shows that resistance is not simply associated with the social distance between the institutions of epidemic response and the communities affected that is at stake, but also with (a) the politicisation of health delivery where political parties are read as ethnically aligned, and (b) the social effects of the extreme inequality where outsiders’ wealth is built on the labour and resources stolen from Africa’s poor. Moreover, as the deaths wrought by Ebola are being interpreted in a political frame – as targeted killing by agents of the state; of genocide - the epidemic risks transforming usual political rivalry into more violent ethnic conflict. Addressing these deeper political and economic causes and contexts of resistance is therefore essential - not just for the current epidemic and for future ones, but for the region’s broader security and integrity.

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## Notes

1. Resistance has been observed in Sierra Leone and Liberia too, but has been less extreme. This is not the first time that there has been resistance to epidemic control measures in the region, see e.g. Rashid 2011. For rapid learning in initially resistant communities, see e.g. Abramowitz et. al. (2014)

2. The problems of taking an a-historical approach to culture have best the epidemic response. For a discussion, see e.g. Pellecchia 2015.

3. For therapeutic landscapes in Guinea, see Leach et. al. 2007.

4. Kissi (or Kisia, Kissia) live in Guékédou and Kissidougou Prefectures in Guinea, and in Kailahun in Sierra Leone and the extreme NW of Liberia.

5. Concerning Kissi mortuary practices, see Paulme 1946, 1950, 1954; Anoko 2014b. Practices among Kissi-speakers are similar in many respects to those of neighbouring regions, for which there is an extensive relevant literature. For Mende of Sierra Leone, see Little 1951; Gittins 1987; Phillips 1978; Harris and Sawyer 1968; Jedrej, M. C 1976a, 1976b, 1980; Reek 1976; Ferme 2001; Combey 2013. For Loma/Toma of Guinea/Liberia see Højbjerg 1993, 2007; Ammann 1954; McGovern 2013. For Sherbro, see MacCormack 1986. For Guerzé, see Germain 1947, 1984; Holas 1958; Bellman 1975. For Limba, see Opala and Boillot 1996.

6. As Bellman (1975: 132) documents, spirits are known to kill their own children so that they can have dependents (and higher status) in the ancestral world.

7. It is unusual to “keep their dead at home for several days” as has been stated by Mark (2014).

8. I will use the term ‘sorcerer’ even when sources refer to ‘witchcraft’. The distinction is not useful in the region.

9. In some Mende (Harris 1950) and Sherbro (MacCormack) vicinities, though not apparently among Kissi (Paulme 1954) post-mortem autopsies were practiced to identify sorcerers – confirmed when their extracted spleen sinks in water.

10. Ethnography of the wider region notes a person later identified as a sorcerer may be exhumed and reburied (e.g. MacCormack 1984: 125).

11. See Diggins 2014 for reflections in this in coastal Sierra Leone; see also Griaule 1976 for this ontology of economy among Dogon in Mali.

12. This history is detailed in Fairhead et al. 2003 and references therein, Iffono, Goerg 1986.

13. The Prime Minister, Said Fofana, also visited the Prefecture (his home prefecture) and vented his anger at those who resisted Ebola sensibilization (Diallo 2015).

14. Text in image at <http://www.ibtimes.co.uk/ebola-outbreak-number-victims-soars-past-10000-1471741> Accessed April 8 2015

## Figures

Figure 1: Map of Guinea showing the ethnically aligned political power blocs. The data shows the regional voting patterns from first round of 2010 Presidential elections (derived from *Jeune Afrique*, July 13 2010). Darkest colours show >80% of vote, lighter colour >50%. Voting in the Forest Region is also ethnically aligned, key leaders currently being Dr. Edouard Zoutomou Kpoghomou (UDRP), Dr. Faya Millimouno (Liberal Bloc), Daniel Kolié CADRE Party (African Congress for Democracy and Renewal), Mamadou Bah Baadiko, the Union of democratic Forces (UDF), each with strong support from Guerze/Loma, Kissi, and Guerze/Loma respectively.

