

The significance of death, funerals and the after-life in Ebola-hit Sierra Leone, Guinea and Liberia: Anthropological insights into infection and social resistance

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The aim of this briefing paper is to consider the various ways in which widely reported fear and resistance to the Ebola response can be understood, and what each way of understanding offers to those battling with the current epidemic. As far as this paper is concerned, there is no single 'right way' to comprehend resistance to educators, medics and burial teams, as this is a very complex social phenomenon. The aim instead is to outline the variety of ways in which resistance can be (has been) conceived and what each might suggest for better communication and response. The paper couches these different modes of understanding within a wide repertoire of perspectives that social theorists take to understanding social phenomena, as this provides an analytical framework that is as encompassing as possible.

As will become clear, some of the ways this can be understood are more significant than others to the immediate interests of medical services and the policy levers. Yet all are significant for understanding the perspectives of those experiencing Ebola and to enable respectful and productive interactions.

Funerals have become a key source of Ebola infection in the region. An analysis of media reports of resistance also reveals that concerns around death and burial have led to several forms of resistance to Ebola response teams. The most commonly reported form of resistance concerns villagers repelling intrusion (blocking roads and cutting bridges), stoning intruders and their vehicles. In the worst case in the Guinean Sous-Prefecture of Womey, villagers killed nine intruders, among them three senior doctors, three journalists, a pastor and the town's health worker, but there have been lesser attacks both in rural and in urban areas.

Behind most of the more violent episodes there are probably 'back stories' linked to earlier problematic encounters. This was the case in the Kissi village of Tekoulo, for example, where a well-reported incident occurred in which a group of prominent citizens, who had come to raise public awareness of the situation, were beaten up by a gang of young people and where humanitarian workers' vehicles were damaged. People cut a bridge that leads to some villages to keep Ebola response units out. The youth had decided to protect themselves from Ebola by living in the bush. They also explained to anthropologist Sylvian Fay that they feared both their elders and the humanitarian teams who would spread the virus to them.² Yet this fear, their aggressive welcome and the region's wider resistance followed an earlier incident in April. A well-respected, forty year old woman from the village had been a close contact of a positive case hospitalized in an Ebola Unit in Gueckedou and while she was under surveillance, she 'escaped' from the village to Vengbemei village, Foya district, in Lofa County. Yet surveillance teams found that she had symptoms before her escape, being "afraid to come to the Ebola unit in Gueckedou".³ They tracked her down in Liberia

and returned her, where she died in the Gueckedou Centre.⁴ Distrust caused several Ebola-hit villages to cut themselves off: “We don’t want any visitors.... We don’t want any contact with anyone,” referring to Doctors Without Borders. “Wherever those people have passed, the communities have been hit by illness.”⁵

Less commonly reported, but probably a more common form of resistance among those suspecting themselves as having Ebola, or having being exposed to it, is hiding, being hidden or fleeing, often across borders as in the case above. Both modes of resistance are catastrophic for the epidemic, preventing treatment, quarantine and surveillance and encouraging spread. The effusion of accounts of violent resistance in the media actually relates to very few actual events and the extent and generalised nature of such resistance may be being exaggerated. Yet there are also reports suggesting that large regions have become hostile. A better understanding of the geographical spread of different types of resistance is urgently needed (perhaps there is documentation somewhere?). Meanwhile we need to understand why this resistance is happening.⁶

To begin an understanding of funeral transmission and of resistance to Ebola interventions, one can consider how the disease plays into the ‘culture’ of the societies affected, and particularly in relation to (a) how people understand the causes of illness and death, and (b) how the way the dead are treated is understood to influence those still alive. The first section examines serious illness, death, burial and the issues these raise for Ebola, focusing on Kissi speaking people⁷, but then extending analysis comparatively to Sherbro, Guerze/Kpelle and Kouranko ‘traditions’.⁸ The Kissi section is based on Denise Paulme’s dated anthropological research among the Kissi in the 1940s but is complemented by our own anthropological research in the same region in the 1990s and with observations drawn from the current outbreak.

There is a very real problem in describing practices as somehow ethnic. Many practices described from the vantage point of the one or two Kissi speaking villages that are the basis of this material are more generic to peoples of the Upper Guinea forest region. And yet there are important differences, too, even between villages, and over time (much of the literature is very dated). With a view to showing some of the regional variation, I review similar works conducted among those who speak Guerze (Guinea, known as Kpelle in Liberia), and Kouranko (who live in North East Sierra Leone and Kissidougou, in Guinea).

This first section therefore considers how Ebola plays into what early anthropologists tried to cast as ‘traditional beliefs.’ Across this ethnographic discussion, I try to be as detailed as possible, to raise awareness of the complexity of funerary practices in this region, and also to emphasise the enormity of the repercussions for victim’s families if they fail to observe these practices properly. My goal here is to identify and highlight as many of the specific points of potential tension related to the Ebola intervention as I can, as a prompt so that readers have a basis for more informed discussions locally. As we shall go on to see in later sections, however, the anthropology of the region cannot stop at this portrayal of ‘traditional beliefs’. Not only have traditions changed, but anthropology also has much to say about the way illness, death and its causes have come to be configured in new ways that are significant for understanding the way Ebola and responses to it are interpreted. These sections focus on how historical and political-economic forces, and modes of governance, have shaped social and conceptual orders – and thus the response to Ebola.

Many anthropologists eschew such ‘grandiose’ representation of social orders, preferring instead to understand the social order from more individual, experiential perspectives – and from the ambiguities and imponderabilities that people experience. Later sections consider what different insights these bring to the Ebola crisis.

1. Cultural perspectives and Ebola

Kissi 'tradition'

Whilst there are many frameworks within which diseases are understood and encountered in the region including biomedical and herbal practices, the significance of which we will consider later, the anthropology of the region is emphatic that disease, however it manifests, is usually regarded as a punishment; a warning. Disease follows from a social fault (even if an unintentional one), but one that the patient must no less confess, or it follows from a curse. Especially when an infection becomes serious after simple remedies have been tried, a patient or their family will usually approach a diviner (*wanayawa*) who consults an oracle. The answer hardly varies. The patient has committed a fault which they should reveal or their condition will worsen. "If you want to get better, you must reveal the improper action you have committed. If you do not speak, it is death. If someone has done good, done a service and in return you have slandered the benefactor, it is death. Forget nothing in your confession and you are saved; if you do not confess everything, you inevitably die."

It is useful to distinguish two rather different types of fault: faults with respect to the natural order and faults in respect to specific ancestors. The first can be spoken of as 'social' faults but it is important to realize that these are not simply social, but they go against 'nature' and as a result have 'natural' consequences simultaneously both for the body **and** for the environment around. One could equally well call them 'natural faults'. For Kissi, 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 year or of one child is mixed with another are the faults that cause ailments simultaneously for people and of 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 (expressed as a 'tying' of the body) and on the bush (causing drought, crop diseases and a 'tying' of the bush that prevents, for example, the usual animal movements that enable hunters to make their killing). The blood of menstruation (part of human reproductive cycles) needs to be separated from fields, or both 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. Mixing the seeds of one harvest with the next leads to poor harvests and wider fertility problems.

What is true of reproduction is also true of death (which for people is the passing into the next stage of life in the 'village of dead'). Death should occur in the village (or sacred forest), not the bush. Deaths in 'the bush' (e.g. such as happen 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, so a mother should not be buried with her fetus inside her (for fear of disrupting not only this world, but also the ancestral one). Those pregnant (in a cycle that is bringing someone into this world) should not care for those who are at death's door (leaving this world). Not everyone can be involved in 'home care' for Ebola.

Whilst some faults concern the reproductive order and others the transition to death, others still concern the economic order, and in particular the orderliness of 'ownership' and of honoring debts and reciprocating gifts whether with help or blessings. Faults here include stealing and ignoring a debt and non-reciprocation and these too can bring on illness or personal catastrophe (lightning strikes). The economic order can be seen as written into the fabric of the world; into the natural order of things.⁹ Among Kissi (just as among Kouranko), people should not be buried without their

creditors and debtors settling their accounts, or this too can bring disorder among the dead as well as the living. Among the debts that must be settled, if the dead is a woman, are any incomplete bridewealth payments. As non-reciprocation of a gift can be a 'fault' in the natural order, enormous care needs to be taken to offer blessings in response to a gift, or, indeed, to return the favor.

Sexual faults are thus a subset of wider social-natural faults and these are collectively known as *maa*. Usually these breaches are somewhat accidental (careless., unintentional., inevitable., and so not malicious), but nevertheless they still bring on ailments and wider fallout that will be experienced both by the person AND by the wider community. To overcome these problems if they have arisen, one first needs to know that faults have been made, and then specialists can redress them; specialists 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 on the death of a pregnant Kissi woman, in what became an exemplary case of cultural sensitivity. The response team ran into opposition from the population concerning the conditions of the burial. The foetus had to be extracted so that mother and baby could be buried separately. The response team considered extracting the foetus to be too dangerous. A 'fault' would thus be inevitable – (and being intentional could actually be considered as 'sorcery'). "Without an agreement between the medical teams and the population, the woman could not be buried, and her body began to decompose." Eventually with the intervention of an anthropologist the team realised that it would be possible to repair the fault once it was made. "After discussions with the elders from the young woman's village", they came to an agreement that "there had to be a reparation ritual, consisting of offerings and various ceremonies." The "anthropologists involved asked the WHO to pay for the reparation ritual, and that's how the burial took place."

The forces of nature into which accidental faults play (and the methods used to 'repair' them) can also be manipulated more intentionally in ways that would make the person a 'sorcerer.' Some practice privately, covertly and maliciously, whereas others work more publicly, such as the 'cursing' specialists who can be employed to punish a sorcerer.

Maleficent sorcerers (and those who seek them out) use talismen (*sambèò*, *sambiö*) that are made deadly through the materials that they contain that interfere with the natural order, putting matter 'out of place' (materials, associated with reproduction, death, the economy, but words, too, can be material). Such materials can be hidden in the house or on the path. The patients, believing themselves pursued by the 'targeted faults' of a sorcerer are tempted, as anthropologist Denise Paulme put it, to 'give up all struggle.' Their death reinforces the prestige of the sorcerer whose identity many might suspect, but whom no one would usually dare accuse openly. Later we shall see that there is nothing incompatible between this framing of causality and the use of medications.

Death and burial

Kissi try very hard to access the last wishes of the dying, as their anger after death would be terrible if it was not heard and respected. How are the last wishes of those dying of Ebola in isolation to be conveyed to their families? Heirs must respect instructions regarding the distribution of property.¹⁰ Again, how are such wishes communicated from isolation units? It is also correct to give the dying all the food and drink they solicit. Reported incidents of patients being deprived of food and drink in isolation units are not simply 'unfortunate,' but such treatment is highly disrespectful of the dying; disrespect that has terrible consequences for the living.

Those dying would usually be transported to an empty house. Custom dictates that one should purify and replace the furniture, clothing, and provisions that are in the room where a death occurred;¹¹ a custom that could be seen to dovetail with disinfecting houses after a death.

Funerals are orchestrated to enable the dead to attain the more elevated rank of an ancestor. A properly conducted funeral helps the dead to relocate to the village of the dead where they live a similar life to those on earth and continue to participate in affairs on earth. This 'village of the dead' is neither a heaven nor a hell. It is not how a dead person has lived on earth that will shape their destiny the other side. What will determine their fate there will be the accomplishment (or not) by his descendants of the requirements that are due him. If the correct sacrifices are not made over the tomb, the spirit may not attain the village of the dead, and will be condemned instead to wander eternally, and will surely return to torment his descendants. This is to be feared, as the angry spirit will throw spells on their descendants, send illnesses, make pregnant women abort, or make them give birth to monsters. This is why people are so concerned by the proper conduct of funerals, and seek to die among respectful friends and family.

As soon as death is certain, women relatives and neighbors undo their hair, throw themselves to the ground, and may roll in the dust and mud singing lamentations. Some may smear their face and body with streaks of kaolin, and screaming and take news to neighboring villages. Women from there who then visit to bring their condolences to relatives of the deceased do much the same; they come with disheveled dress and hair, run through the town without acknowledging anyone, holding their head in their hands, and a continuous wailing thus grows in the village. It is only after they have sufficiently expressed their pain that women go and join their companions at the house of death. The first hours of a death are given to expressing such pain. This expression of violent grief is necessary: *"If I did not cry much, people would suspect that I'm a witch/sorcerer; that it was I who killed him."* This is the power of collective consciousness. Only exceptionally might gladness be expressed - when an elder dies who in old age was already thought to be moving on to the ancestral realm, indicated by his symptoms of what the western world defines as 'senility.'

A funeral can be conducted very quickly for less significant people (for uninitiated children, the socially marginal), or might be surrounded by very complicated ceremonies for those who are socially particularly important. The death of a prominent hunter, a former soldier, or an influential elder, is usually announced by men's gunfire as the men who attend salute the dead with as much ammunition as they can spare.

After their death, however, all people can be suspected to have been a sorcerer, and one can attribute to them misfortunes that may recently have occurred. In some instances the dead body will be used to divine whether suspicions were correct. There are many techniques. In one, the body (or if heavy, some of their clothing, wrapped ritually with some of the deceased's hair, nails and such) is placed on a funeral stretcher, that two carriers place on their heads. Alongside, a divining soothsayer (*wanayawa*) calls on the dead spirit. After a few moments, the stretcher jogs, indicating the spirit's presence, to whom the diviner then asks questions: "Tell us the cause of your death, the evil deeds you have committed during your life." The attention of the dead can be hard to get, but when finally calmed (perhaps after taking the stretcher bearers on a frenzied tour of village and surrounds), they speak through the mouth of one of the carriers. For example: "One day, I asked my neighbor, Tamba to lend me new clothes for a party, but he refused in front of the entire village and he sent me away. I was ashamed so I sought revenge..." The other carrier continues: "I transformed into crocodile a few days later and I ate his son Saa, who disappeared into the river."

The innocent deceased can also be asked in this way to name their living killer and name the sorcerer who had "eaten their heart." Spectators might then arrest the "culprit".¹² The more important the person, the more likely someone will be blamed.

After the sudden death of a small child, during similar divination a father might ask: "Who wanted you dead? God (*Hala*)? Or your mother's brothers?" The latter instance would reveal the father's hostility against his wife's parents. The latter had probably made him pay a hefty dowry and delay the marriage, and be suspicious that they have now come by malice, to steal the child; the object of

his affection. In-laws must be careful not to be too exacting. Whether such interrogation of corpses remains a common practice, and whether symbolic substitutes are used instead of corpses is an open question, but it has been noted in the Ebola crisis as one reason why the body is touched, to discover the cause of death: whether the person died a natural death or died of sorcery.

There are other important reasons for touching a body. The body's eyes need to be closed, and for a dead man this will be done by their 'brother' (their nearest classificatory brother). In the privacy of their hut, the corpse must also be washed, oiled (with palm oil), and then dressed in their best clothes before being rolled into a mat. Men will wash and prepare men, and women, women.

The funeral 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. It is not usual for Kissi to "keep their dead at home for several days" as has been stated in some journalistic accounts. 13

Those from a village should be buried inside their village if they are to rejoin their already-dead family and friends. Graves are dug either in a house, behind the house, between two houses or even under a porch. The number of mounds still fresh in some villages indicates a high rate of mortality during epidemics. Graves can be marked by an oval of stones surrounding the tomb, on which a hoe handle or a fragment of wooden bowl used when digging the grave is abandoned. A stake can be placed in the location of the head, on which is hung a cap for a man or calabash or fishing net for a woman.¹⁴

The grave of a stranger (such an Ebola victim passing through or someone buried at a treatment centre) is never dug within the village, as this is the abode to the community's own dead. Strangers are buried out of the town, along the pathway, sometimes at a crossroads. Intentionally, nothing signals such a grave to a passerby. Those struck by lightning are rejected from the community of the living and the dead and are similarly buried out of the village at the side of the path. Those struck by lightning may be the object of the 'wrath of the ancestors' (according to Paulme) or a more natural effect of the 'order of things' after committing an 'economic fault' such as robbery.¹⁵ People burned by wildfire are similarly buried a crossroads. The logic for placing all these burials by paths is that they are often trodden by strangers who, with luck, these wandering and dangerous dead might accompany away from the village as they leave. Kissi desire very strongly to be buried in their own community to rejoin the company of they have already lost to the 'village of the dead', and will go to great efforts not be left to wander eternally the lonely stranger-dead.¹⁶

The distinction between the two rather distinct kinds of faults that can bring problems – faults to the 'order of things' manifest in the land spirits, and faults in relation to specific ancestors – is made clear in another special kind of Kissi burial. The body of the first child to die from every couple (whether male or female, young or older and not necessarily the first born) is the subject of special rites. In these special 'funerals', death is effectively denied as the body is returned to the land as the family's personal sacrifice to the land spirit. The body will thus not rejoin the family ancestors. In the ceremonies, the body is known as *tuey pyey o* (lit.. child in the leaves), and is lightly buried (or simply thrown without ceremony) in a special wooded area outside the village. They are naked and wrapped only in leaves of banana or *Newbouldia Levis* (Pambae). The corpse is washed, but with a decoction made from *Newbouldia Levis* picked from this spot, and the water used to cleanse the body is tipped back there too. As ever, the body is carried by men if male, and by women if female.

Sometimes all the 'bad deaths' (of strangers, those struck by lightning, lepers etc.) are also buried among these "first dead" (effectively becoming sacrifices to the land). Those buried here are not entitled to the regular offerings destined to ancestors that are placed on the altars during annual planting or harvest, whether in gratitude for their benevolence or to solicit them to subdue the capricious bush spirits. One can, however, celebrate in their honor with a *sara wan'wilèyo*; a sacrifice at the end of mourning (lit. protection against the thin man) "so that the dead still have something

to eat” but this not required. If one wants to send an offering to these dead (for example, if the dead person appeared in a dream and complained of being neglected and threatened to torment the living), then cooked rice can be offered on the grave, emptied on the earth to which the person has returned. Cola nuts, if offered are left whole (and might grow).

The living avoid sharing food, indeed any contact, with the ‘bad dead’. If there is a generalized problem (fire, drought, or an epidemic of smallpox or presumably Ebola), a diviner may indicate that offerings to these dead must be placed on the graves of the "first dead", as they are best placed to intercede with land spirit (with the natural order that must have been perturbed by faults).

A sorcerer who has confessed, or that one recognized to possess a deadly talisman (*sambiö*) will die in cruel suffering if his talisman is destroyed by a witch hunter, *wulumo*. No-one sympathises. No-one cries. Their grave can be dug in the mud near a pond or river – never in the village. The body, wrapped in banana leaves like a "first death" is placed upside down along with all his sorcerer’s paraphernalia (pots, pans, packages and magical powders). Villagers monitor his abandoned hut to prevent his return (as an owl, perhaps) and after it collapses a new home may be built on the site intended, at least in the early days, only to overnight guests.

One of the most distinctive characteristics of the region’s social order, for almost all language groups across this region, is the central role played by the male and female initiation societies: each with its own field of esoteric knowledge, hierarchy of political power, and sacred space demarcated beyond the boundaries of the public village. Whilst village (and regional) chiefs have secular power, initiation societies have power of the ‘order of things’ which links the natural and social world and over the three major life transitions: the birth of a child (birth); 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’ (death). There is thus a balance of power in all communities between the political chiefs and the initiation society chiefs.

As mentioned above, the death of a pregnant woman or those unsuccessful during childbirth, always gives rise to a complicated ritual controlled by the women’s society; guardians of fertility.¹⁷ The community must address the calamity that such a fault will bring on. These rituals will be highly infectious events for Ebola. Only sterile or menopausal women (or those whose children have all died) may approach a pregnant corpse. They invade the village with shrieking yells and all other inhabitants bar themselves in their homes. The women roam the empty village, warning everyone not to look. They sprinkle a secret leaf decoction around the house that they then enter en masse. At the sight of the body, they raise a new roar and sprinkle the body and the entire house with the decoction, seize the corpse and carry it to the women’s society secret forest - fixing an amulet to the house door as they leave to prohibit entry. At the waterside (all women’s sacred forests are by streams), the senior guardian of the sacred place (*sulukuno*), opens the dead woman’s belly with a knife, tears out the fetus; and the corpse of the woman is then washed, and stuffed with strips of sewn cloth. Some say that the fetus is buried on the right bank of the water and the mother on the left. Others say that the little body is buried naked in the bed of the same stream, and the body of the mother is taken back to the village for burial following the usual rites. We are not to know. The husband himself is kept in the dark.

A messenger of the *sulukuno* is sent to alert neighboring villages to the news, chewing and holding red flowers (symbolic blood) and carrying an ominous knife. They are disheveled and smeared with clay leaves. She tours each village three times without speaking, and rushes inside houses shouting and up-ending provisions and tearing mats and clothes. Women will try to get her to accept small gifts but in a lamenting trance she listens to no-one. Finally she responds, and gives the name of the dead, perhaps with details: “The child presented feet first.” The knowing elderly women may nod - surely the woman had brought on the death of the child by her hatred of her husband, so what could we expect in these conditions? The omniscient ancestors will have punished them by killing

both the mother and child. The *sulukuno* expects gifts from all fertile women for her services in protecting them by her bloody work. Finally the cleanser, *sarino*, who oversees the 'bad dead' (and who *are also tasked with picking up the bodies in the bush*, treating incest and other faults against the natural order) must clean all involved with her medicine. She cleans the *sulukuno*, the home of the woman who died in childbirth, and the husband and all the villagers gathered there. A disordered world is put back on track as she exclaims: "That such a misfortune never returns, that the harvest is good; that women have many children ..." The *husband of the dead women must pay dearly for the service thus rendered to the women*.

The deaths of the young who have not yet been initiated are usually relatively small affairs – they are not yet full people. On the death of an uninitiated girl, her body is washed, rubbed with shea butter or palm oil and dressed in her best clothes. Her hair will be carefully plaited and every wish she had expressed complied with. Things become more elaborate if the date her initiation was already fixed, as the old women proficient in excision [i.e. 'Female Genital Mutilation'] will be called and the dead body initiated into sexual adulthood in this way. Her body is then rolled into a mat and presented in front of the house, where other young initiates perform songs and dances in her honor that mark the initiation ceremony of girls. Thus the dead girl will arrive at the dead with the social status of an adult. Some say that if the girl was engaged and the wedding date was not far, the groom would have to 'marry' the corpse, spend a night in its company, as without doing this he could not subsequently marry - as anyone he wanted to marry would be in danger of being killed by the jealous spirit of his first dead bride before his next wedding.

At an initiated woman's burial, co-initiates dance and sing to drums to help the deceased in her journey to the village of the dead. The lyrics are of little importance (indeed in the inverted order of funerals, insults can be thrown here that could otherwise never be said: 'People of Bangadu are cowards, without us they never would have been circumcised'¹⁸). The body is buried at sunset, and as usual the dead are asked not to cause the living problems: "If your death is the punishment for your sins, sleep in peace and do not come to disturb us; if your death is the work of a spell, take revenge on the culprit (i.e. on him alone)."

For a man's death, their co-initiates will wrap him in a mat from which the head will stick out alone, wrapped in a turban with a headband to keep the jaw closed. The body of an important figure in an elaborate funeral may be sat on the edge of his grave, supported by a maternal relative, to hear a eulogy from nephews, brothers and heirs. Again all speak similarly "If you alone have done wrong (if your death is the punishment of your evil deeds), sleep in peace and do not come to disturb us; go and join our ancestors, we ask them for health, that they defend us against the Wizards. If your killer is one of us, come and get him." Before the body is buried (with cloth and certain branches protecting the body from the earth beneath), non-initiates must withdraw, and women must leave the village (or close themselves in huts). Burial is accompanied by songs and music of the iron bell, *Kende* (the instrument of the men's society), and in this way initiates help the departed to the village of the dead. The women's society then may also honour the dead men, singing to the rattle of cowbells in a symmetrical ritual to help the deceased on his way.

After burial there are three important events, all of which finally install the dead among the ranks of the ancestor. The first is the 'sacrifice of expulsion'; the sacrifice of an animal (from cock to bull depending on status) at the tomb in the presence of assembled lineage. This marks the admission of dead among the ancestors. After this sacrifice, no further sacrifice will be paid at the grave, but at the common altar of the lineage. The deceased has received all the food and all the attention to which they were entitled. They should henceforth not trouble the living. With this event, the living have paid their dead for the right of entry among the ancestors.

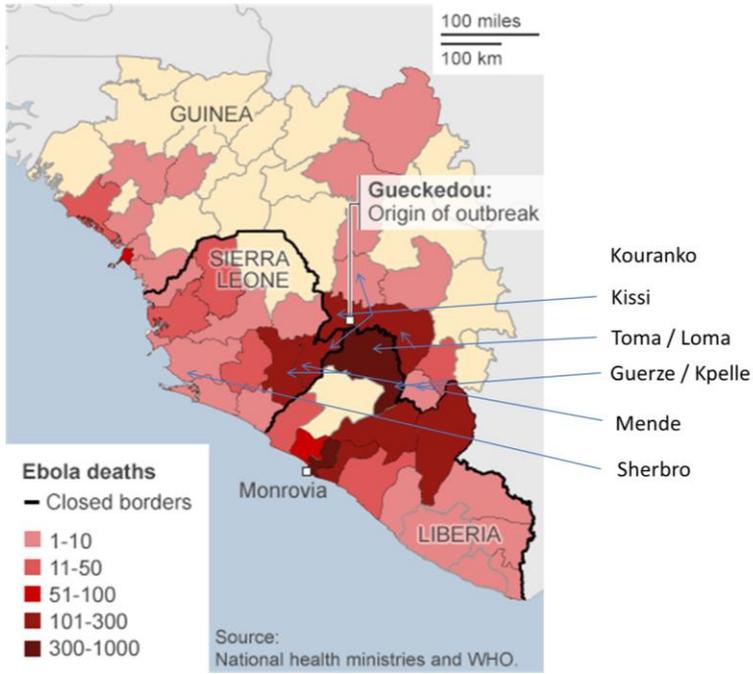
The second event is the laying of a stone on the ancestral altar. A stone from the tomb over which earlier sacrifices have been made is solemnly placed on the ancestral altar (mandu) and bears the name of the deceased. When the sacrificial blood associated with this event flows on the stone, the heir says to the deceased: "Until now you were alone, now you join our ancestors, you came to Mandu." Importantly, when death occurs away from home and the body could not be brought back, the stone is taken from the actual tomb and brought to the native village so the deceased can be integrated with his ancestors. This ceremony can be less ostentatious. An heir can put together his own household altar at home or at the foot of a tree, consisting of some stones stained in the juice of cola, two or three balls of rice flour, a piece of mat, a handful of cotton if desired from the death robe. This will mark the place of worship, where the son and his descendants after him invoke the grandfather. This is the birth of a religion to a partriarch but it often does not survive more than one or two generations. Such a tradition enables one to avoid moving actual bodies home, and such a ritual might be significant in addressing properly the burial of some Ebola victims away from home.

Among Toma speakers (of Macenta, and across the border in Liberia, known as Loma) who share very similar traditions, this link with the spirit of their dead used not with stones but with Guinzé (iron sticks that served as pre-colonial money¹⁹). These are placed at the head of the tomb and where the soul is considered to reside. Toma who migrate have been known to carry this (and thus their spirit) with them.

Kissi women usually have a meeting place where famous women worship the cult of Mama Folanda, the "grand mothers of yore" and two or three days after the funeral of an old woman, a stone is taken there from the grave. A sacrifice is not so obligatory. However, if a woman is rich and if, above all, if she wants to honour the dead (her mother maybe), she might kill a sheep or a goat whose meat is given to older women. For younger women, there is no public sacrifice. A party without religious rites will mark the end of mourning, and will depend on the economic resources of the husband and his taste for ostentation. Villagers often agree to organize a party for two or three dead at the same time, with food, music and dance that echoes events celebrating excision. The third event - the settlement in inheritance - should normally take place at the time of the expulsion of the dead but is usually three or four months after the death. It is the end of mourning.

The Ebola crisis response has been conducted without an understanding of the detailed significance of how events around death and burial are critical to personal and community security. The dead are aggravated if their last words are not heard and honoured; if they are buried out of the village to wander eternally rather than be with their family (or be returned to it as a stone). They are aggravated by the correct sacrifices not being 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 in the division of reproductive cycles). People 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. There is nothing more problematic to regional society than such faults. Moreover, 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. To die of Ebola is one thing, but to be deprived of an afterlife is quite another.

Whilst these 'traditions' have been described here from the vantage point of Kissi, they are not so distinct from others in what has long been a region of mobility within longstanding political confederations that cut across any linguistic lines and within which there is much 'creolisation'. We now turn to documentation of death and funeral practices elsewhere in the region, bringing out some variations.



'Sherbro tradition' (MacCormack 1986)

MacCormack studied among the Sherbro in the late 1970s, and documents dying there as the same process of "rebirth to ancestorhood". The significance attached to this transition was such that kin who manage serious illness episodes and indeed the patients themselves "are likely to give higher priority to communal feasting and secret society fees than to expenditure for clinical consultation and drugs." "If a decision must be made between spending limited funds on hospital care or a decent mortuary ceremony, the latter usually ranks as first priority" Such costs can be a major setback to farming families. She makes the point too, that "If seriously ill people do enter hospital, staff must allow 'chaplaincy' visits from lineage and secret society elders, who are highly respected members of the community." Impending death is a time for ensuring that all is well in relationships between the living and those about to make their final transition. Peace must be made "lest they become wrathful ancestors." As MacCormack suggested: "Hospitals must allow for visits of extended kin, and for ceremonies of reconciliation to be carried out on hospital premises. Otherwise the elderly patient may be taken away from hospital before a course of treatment is completed." Such 'escapes' of Ebola patients from hospitals with the support of their kin, have been a well reported feature of resistance within Ebola treatment centres. Long before global concern with Ebola arose, MacCormack recommended that in planning all health provision in this region "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 in genuine."

For Sherbro, the ancestral world is associated with the watery world underground. One can call ancestors and ancestresses by pouring libations that trickle into the ground. Food placed on the ground attracts them and the drumming and dancing of festivals penetrates to them. They are called by name, their advice is sought, their presence is welcomed and in times of trouble, they are propitiated. The living and the dead are all social beings joined in an unbroken social continuum. The dead who have many caring relatives will often be called, named and fed by libations and retain a presence and significance among the living. A poor, unmarried old man with no descendants, or an isolated women whose children have all died or departed and who is remembered by none, will, sadly, not.

Whilst the mortuary rites are very similar, one difference between Sherbro and Kissi is in the location of married women's burial. Among Kissi, women as often as not remain in their own village at marriage, where their husbands join them. Among Sherbro, women tend to live in their husband's village, but although the husband must pay for the mortuary rites, a woman's body is usually taken home by her brother to her own natal village for burial where more blood relatives might mourn her. Nevertheless, if a doting husband or her children would make her feel most at home and 'cry for her' and feed her in her married village, then this would be possible. In this instance, her local chapter of the women's initiation society (here called Sande) will be the chief mourners, dancing and singing in the ceremonies to carry her into ancestresshood. Whilst some people now have a Christian burial, the traditional secret societies will also do essential rites.

MacCormack observed that burial locations varied somewhat, and that whilst some men and women are buried in their respected sacred groves (associated with the initiation societies), in some villages women are buried "in a great mound in the centre of the village".

MacCormack made some observations that may be significant for Ebola control. Firstly, in burial, after being washed, a senior figure may be wrapped and buried in a fine cloth (historically, a homespun 'country cloth') but a commoner, to save cost, may be wrapped initially in a fine cloth,

but then re-wrapped prior to burial in cheap, commercial cloth. This rewrapping and the fate of the recycled cloth will both be sources of funeral-related infection.

Secondly, men's society officials at the time of MacCormack's fieldwork continued to practice the "post-mortem examination on many people to determine if they have been witches." She was told that the spleen (perhaps the liver) is removed and put in water. If it floats, the belly is 'clean', and the person is not a witch" - worthy of rejoicing for relatives of those so suspected. Importantly, as she writes "Highly respected chiefs and secret society elders may have used their power in hidden ways to anti-social ends, so they especially must be examined. The power to do good is also the power to do harm.

This is not a tradition destined to die out. It is very important to identify witches prior to their burial, as a witch must be buried in a special way "to render the spirit innocuous, or they will continue after their death to cause illness, crop failures and other misfortune." In one instance, a woman who sold food to fishermen customers beat competition by adding menstrual blood to her dish. Although she confessed, she was buried normally and she continued to bother people so "a powerful mystic and nine other men dug up the body and removed the head to render the spirit innocuous."

More recently, Diggins in a study of fishing communities that have developed in Sherbro regions has found much less attention to the significance of ancestors. Indeed those living in these communities eschew ancestral forces. Here blessings and curses are still a fundamental part of everyday economic life, but their power is less rooted in personified ancestors as in the natural order of things (and those with a capacity to manipulate it). What this means for funeral practices is unclear, but one can presume that they are less significant.

Guerzé 'tradition' (Germain 1984, 1947, Holas 1958, Bellman 1975)

As Germain (1947) writes, for the Guéré as among Kissi and Sherbro, all illnesses are attributable to the same variety of ancestral and spirit causes and a very similar format of funerals is followed. Some are elaborate and others cursory for the same reasons. The motivating force is not a recognition of affection of the ancestors, but one of fear. As Bellman (1975: 132) documents, Spirits frequently kill their own children so that they can have dependents (and higher status) in the ancestral world. Ceremonies focus on soliciting that the dead not to return to trouble the living and that they aid the living with all their power.

Germain describes the funeral practices for men in more detail. In more elaborate cases, once the eyes are closed and the body cleaned and dressed, the body is taken out of the hut and laid outside on the hut's lintel, wearing a cap and holding a weapon with which to take revenge on the person who brought his demise. Those attending bring cola nut offerings which are given to the dead to solicit help from the ancestors. According to Germain, it is the deceased's sister's son, but according to Holas, it is the father's brother who is necessarily the intermediary between the dead and the family/friends receives the cola on the dead's behalf. Presumably to negotiate any changes to the burial linked to Ebola, it would be crucial to discuss with such an intermediary. Burials are in similar locations to Kissi— in the village or outside depending on similar criteria, but those buried in villages are more usually so by paths or in a common location (graveyard) within the village, often next to a path leaving it.

According to Holas, the life can take some time to leave the body, "having a long way to go", meaning that 24 hours is necessary before the funeral for an adult. The body is washed, (*hā wa*) naked with warm water and soap before being covered with a white and unpatterned blanket. Only initiated men and post-menopausal woman can touch a dead body without danger, and according to Holas (but in contradiction to other ethnographies compared here) men can prepare the bodies of men and women. Significantly for Ebola response, too, a second ritual washing will take place on the

day of the burial, before the body is re-clothed. The more cloth is used the wealthier one is, as clothing separates the dead from the earth and helps maintain the dead as an ancestor, and prevents it being reclaimed as a spirit of the land. First deaths, strangers and (formerly) slaves are buried naked.

In the instance Holas describes (a woman dying after miscarriage), the woman had confessed (hoping it would bring cure) to an adultery (a common explanation for miscarriage, as it mixes reproductive cycles) and to sorcery to kill her husband, which backfired on her (a common problem in sorcery). In this instance, the husband had been rendered invulnerable by a 'mask' (nyomu nea) that he had paid dearly for the right to carry. Such causes are hidden (ignored officially) during the burial and the dead person is forgiven. The body was buried North/South, head to the south, on their right side looking at the rising sun. After burial, the grave diggers (who must keep well clear of all women) eat a meal on the tomb, offer some to the grave and break the pot on it. At further ceremony held on the third day, the husband gave a eulogy and then the cause of death was solicited from the ancestor divination with cola nuts (not with a dead body or its symbolic stand in). The adulterous man was named and vengeance was predicted.

In this instance, the dead women became associated through sacrifice not with a stone, but with an iron bracelet, which was hung inside the house, and which from time to time would be taken down so offerings could be made. Across the border in Liberia, among the Kpelle, thus use of stones is documented. Moreover as Bellman documents, it is a stone that must be put into the hand of a person just prior to burial, when the spirit is instructed that whenever a sacrifice is made, it must come and listen.

Germain also draws attention to white Kaolin (subsoil) that is placed above the redder soil above; a colour said to be more agreeable to the dead. The head often oriented towards the East and a flat stone is placed at the head end. A chicken is sacrificed over the tomb which enables the dead to 'cross the river' to the village of the dead (Nyomata), where they will live exactly the same life as on earth. As with Kissi, what will determine the fate of the deceased will be the accomplishment (or not) by his descendants of the requirements that are due him. If the sacrifice is not made over the tomb, the dead spirit could not cross the Guerze Styx, and his spirit will be condemned to wander eternally. It would be possible to repair such a circumstance by conducting a sacrifice later, but a supplementary ritual would also be necessary. In some instances, for example, one plants a Cola tree at the head of the tomb to appease the wrath of the dead. A diviner (Touélé mou) will indicate what sacrifice is necessary.

As among Kissi, for Guerze, the death of a pregnant woman is also a disaster and for similar reasons, though Germain wrote that it is a disaster caused by men. All reproductive life is threatened without repair. The ceremonies are controlled by women and are similar to those of the Kissi, including the ceremonies around the house and in the women's sacred forest including the removal of the fetus, but Germain states that the husband of the dead women is not excluded, but must accompany the elder women conducting the ceremony, naked. It is said that in certain regions if the baby is extracted from the dead mother alive, it is killed. The two are cremated separately in a ditch in the women's sacred forest. The men and women who are not involved in the ceremonies are shut away and, moreover must be separated from each other during this time, as sex is forbidden at this time when the cycles of fertility have been so inappropriately mixed.

The elderly women throw obscenities at men during their processions which can go on for three days before eventually the women return to the graveside where they throw away the grass sticks that they have been using as weapons. They then gather together all the pregnant women (bound as slaves would be with lianas) and ensure that they are washed by their husbands. Neighbouring villages would do well to conduct the same ceremonies too put their reproductive order back on track.

Germain details ceremonies for a senior political chief, for whom it is recorded that after their burial some are not thought to be dead. After burial, a leading compatriot of the men's society will don his clothes and carry his symbolic 'anvil', playing the role of the dead man. Another carries him piggy-back while two others take his arms and together they traipse to the ancestral enclosure and hut in the centre of the village in which are placed all the anvils of preceding dead chiefs whose deaths have never been formally announced. Sacrifices are made on the new 'anvil' and the chief is thought from then on to reside, ill, in this enclosure. Germain also details ceremonies for leading figures of the men's society (who is called *zogomou*). The head *zogomou* of the region must attend and has to examine the body to understand what led to his colleague's death. The body is washed and placed entirely naked in a hammock to be paraded around the village. Those carrying him ask with fear, "who will buy him?" Generally the purchase (costing a cow) is made by the son or nephew. If they do not they are doomed to die unless others (chiefs) stand in – which they would do only if the *zogomou* had not been despotic. The body is then buried in the sacred forest near a tree known for its curative properties. Special sacrifices are made on the tomb. These are the sacrifices which in early colonial times were said to include human sacrifices, fears of which remain to this day.

Kuranko 'tradition'

Kuranko funerals as described by Jackson (1977) which concern attention to ancestral practices are likely to have been more eclipsed in this now more Muslim region than such practices have been in the more Christianised forest region. Yet other practices that relate to the 'order of things' (e.g. in the division of human and animal reproductive cycles) sit within a much more resilient conceptual order and have been retained.

Indeed, among Kuranko, the transition to death needs to be divided strongly from those 'giving life' – even (especially) from a man's wife and his daughters. When a man is seriously ill, or at the point of death, Jackson and others note that his wives and daughters must leave his presence. Indeed, sometimes a dying man is removed from the house and is attended by male friends and perhaps a senior wife if she is in menopause, or an uninitiated daughter or sororal niece (who are not yet sexually active). A transition to death is not to be mixed with a transition to life.

For the same logic too, in sickness, a man will avoid his wives or any men who might have been adulterous with them, as such liaisons can despoil and exacerbate an invalid's condition (the effect of an inappropriate mixing of reproductive cycles). A woman is nursed by her eldest daughter for similar reasons. Thus exactly who can be involved in 'home care' for Ebola may need to be configured by such concerns. These proscriptions are not necessarily generic to the region – MacCormack describes young, fertile women looking after elderly husbands among Sherbro.

Among Kuranko, we have not seen recorded the same attention to discerning the 'culprit' behind a death. A male death is announced by the wailing of all female kin and others. Drums, gunfire and messengers alert people far and wide, who rapidly gather. Friends of the deceased, assisted classificatory grand-daughters (i.e. all those who call the dead man, *m'bemba* – 'my grandfather') of the deceased wash the corpse in fresh water and anoint it with palm oil. Young men cut gravelogs from the ture tree and dig the grave. Those coming present gifts to the dead man's sister's son (classificatory) who (as in Guerze) acts as an intermediary with the dead. Wailing abruptly stops when the 'grand-daughters' emerge from the dead man's house singing dirges.

Graves are dug on the perimeter of the village (within it), among the trees, scrub and rubbish. The topsoil is heaped on one side, separated from the bottom clay. The body is shrouded in a mat. Women may look in, but should withdraw before the body is lowered. As elsewhere in the region, the dead man's debtors and creditors should declare their claims or discharge their debts at this time. The eldest son must clear his father's debts before the inhumation. Historically, considerable effort would be made to secure the body in the grave. First, the burial mat is fixed to the grave side.

Then the heavy logs are placed across the grave with mats over them, and leaves (including *lakira* leaf) are scattered over the mats. The earth is replaced, inverted so the topsoil fills first with clay above, and heavy stones might be placed around the mound. This all prevents animals digging at the body, and the spirit returning to it. With the burial over, men tamp the clay chanting in unison – ‘come’, summoning the reluctant, lonesome spirit to depart from the grave. The men then wash their hands, feet and tools. A cow is sacrificed in Muslim custom and its meat distributed. A 40 day quarantine period follows. Widows are isolated from ordinary life and must remain inside the house of their late husband for that time. They let their hair hang loose (not plaited). Forty days is longer than a menstrual cycle, and so will ensure that if the woman is pregnant from her former husband, it will become apparent and thus could not be mixed in sex with another). During this time they are protected by the dead man’s sister’s son (interceding on behalf of the dead, and who will eventually lead the widow to the steamside to wash at the end of quarantine. Those who have not lost a relative must not see this procession. At the streamside, confessions are made to discern whether the widow has grievances against the dead man or the dead man, who is there, against his wife. If confessions are needed (known through divination) then absolutions must be conducted.

A few days later the hereditary property is divided under the supervision of the eldest brother – the son probably inheriting the father’s cap and gown. The widow and children would be inherited by the oldest surviving brother, but a woman may choose another brother. A woman would fear the vengeance of her late husband’s spirit if she marries a man who he disliked, a curse called *furekoe*.

A woman’s death is a more simple ‘family affair’; her husband’s affair if he is alive, or a grandson’s affair if not. A woman’s natal kin play no role. A young woman should die ‘married’, and if not yet married, then a lover would be obliged to pay dowry to marry prior to burial. If the husband is not present, the burial can be delayed by a day, maximum. Men and women are both buried head to the east, but a man on his right side and a woman on her left.

Confessed witches or those who died from a curse do not receive an ordinary burial. Those who die cursed are avoided by all except immediate kin who are contaminated by the curse anyway. The bereaved are shunned by others who do not mourn. Burial is unceremonious, quick and conducted by the dead man’s family. Such ‘unceremonious deaths’ as in Ebola, thus echo the burials of the cursed.

Those who are witches may confess in their dying days in the hope that with confession comes cure, but there been infrequent cases when the dying ‘witch’ is buried alive to quickly rid the community of her nefarious influence. She would be buried in a shallow grave beyond the village perimeter - like an animal in the domain of animals.

Children who die before weaning are buried with cotton pods around their body (a cloth shroud would bruise). They will not be mourned with tears, as ‘tears burn the child’s skin and cause it pain’. Burial is simple and at the back of the house where women cook and refuse is thrown. It involves only immediate family. An infant, once dead, may be reborn (though once reborn is destined to die at a similar age). In the meantime, the spirit lives in the body of the Senegalese Fir Finch, a tame townbird that nests in the eaves of houses and feeds on the leavings to be found in the refuse area.

2. Historicising culture

The section above will be useful in signalling the logic behind many of the events surrounding burial, and the fear that all people have in the region of (a) being buried improperly, and (b) burying their relatives improperly.

However there are several problems with the representation above. Is it not outdated? What of the educated? The Muslim? The Christian? Where is the interaction between this world, slavery, colonialism, neoliberalism and the modern one of mobile phones, internet and such? And what of the many people from the region who will feel misrepresented by these generalisations and whose lives, feelings and thoughts do not fit so neatly into such generalising schema? They may be justifiably angry at the 'colonial' nature of the works drawn on and their 'orientalist' representations.

The next sections ask what further insights alternative analytical framings that respond to these questions might bring to understanding the reticence and resistance that people have shown to current Ebola management.

Some background is in order. These regions were incorporated into Euro-American trade networks from the 15th century, initially exporting iron to Europe, but then being plundered by it for slaves. Several state formations developed across the region characterised by 'warlords,' and political confederacies and their rivalries in which control over trade from the interior to the coast was critical. A British Colony initially for slaves freed during the American Revolution was established on the coast of Sierra Leone from the 1790s, and the Liberian colony aiming to relocate African Americans to Africa from the 1820s. These only began to exert control in the interior from the 1890s. Clashing warlords nurtured by aspirational colonists provoked terrible conflicts, significant depopulation and forest regrowth in the intervening years. When the Sierra Leone colony attempted to tax its protectorate, it precipitated a hut tax war in 1898. In Liberia, many of these regions were drawn into the Americo-Liberian State in wars won c. 1900 to 1920 by the rapacious Liberian Frontier Force (renowned for introducing ritual cannibalism into regional military tactics). Guinea Forestière was also occupied through warfare, as the African regiments of the French army battled through Kissi and then Toma and Guerze lands in 1905-8. Many inhabitants fled across non-existent borders to Liberia at this time.

The French occupied Forest Guinea from the north in violent campaigns in 1905-7 and this resistant region remained under military occupation until the 1920s. The colonial era was less than a lifespan and the period since Independence has been as long. Christian missions began operating across this region since the early 19th century (among them the Mende Mission led by missionized slaves liberated in 1839 from the infamous ship *Amistad*). By then, however, the presence of Islam and Arabic scholarly education and medical practice had been a feature of regional life for many hundreds of years.

Given this turbulent history, even the beliefs and practices which the first section presents should not be understood as 'traditional culture', but as produced out of these encounters. Moreover these encounters have transformed the political order more recently in ways that are important for understanding how people respond to Ebola teams and the emergency health systems being put in place.

Seeing current practices emerging at the intersection of clashing global orders has to be understood at different timescales. Clearly some of these are not amenable to immediate policy options, but they nevertheless offer insight into long term transformations and the extent to which the current crisis (and modes of resistance) have long historical roots.

The longest timescale concerns 'memories of the slave trade'.²⁰ In her book of that title, Rosalind Shaw has argued with some force that many of the 'cultural practices' documented above are not 'traditional', but are effects of the slave trade. In particular, the pervasive fear of cannibalistic and capricious wandering spirits emerged in a world fearful of slave raiders; the all-pervasive fear of duplicitous witches in the community emerges from a social world lacking of trust within villages and confederacies that were apt to 'sell their own.' The modes of concealment and secrecy are modes of personal protection, she suggests, and are responses to a vicious, parasitic slaving order. This region

was not always so 'fearful' of its spirits and even of its ancestors. Records from the 16th and 17th century attest to shrines, long vanished, to much more neighbourly and helpful spirits who protected people from specific diseases and the like. The modes of medical and social protection described as 'traditional' above, then, may have been produced (or at least strongly altered in meaning) when the slavery of emergent global capitalism articulated with existing ways of life. Shaw's argument is somewhat speculative and some of her evidence is ambiguous if not contradictory, but her analysis of the emerging importance secret men's initiation societies in the 19th century as vehicles for establishing regional political alliance, 'slave-free zones', trade monopolies and military security would certainly support it (Fairhead et. al 2003).

As we reduce the timescale to the 'colonial encounter' we find that these regions did not fare well then either. Indeed Ebola seems to be ravaging a region which has always been at the wrong end of extractivism.

As indigenous practices and community life enfolded with the 'white' colonial world; there were transformations in political and medical practices important for understanding Ebola, as the modes of medical therapy available to people expanded to incorporate biomedicine and modern medical infrastructure, and as people experienced western motives and what was perceived as 'their sorcery'.

Colonies had to pay their way. Mercantile imperatives drove the development of infrastructure (of roads and railways for which coerced labour was essential) and it drove the establishment of both colonial plantations and the introduction of smallholder cash cropping of coffee, cacao that inhabitants had to labour on to pay the tax demanded. Colonial states instituted strict controls over mobility.²¹ The populous regions where Ebola has struck were labour reserves. But how did these changes articulate with regional society? First, the colonial powers strengthened the extractive role of political chiefs. The haves (the powerful families) had to extract from the masses; the have-nots who were usually the subordinate families, often descendants of slaves. Second, it gave rise to two modes of resistance that remain fundamental to regional society: (i) people developed modes of informal payments to those holding power ('bribery') to mitigate extraction – which meant that political authority could be translated into economic gain. The everyday corruption and bribery that is found today emerged as forms of colonial resistance; (ii) to resist exaction, many villages did their best to ensure that those appointed as 'official' political leaders were people who were actually socially powerless in their communities, and being weak, could not enforce exactions, and linked to this; (iii) continued to conduct their own 'real' political activity through secret initiation societies. Through much of the region such a dual power structure had long existed. Now with the 'political chiefs' being compromised by colonial authority, the secret initiation societies acquired new significance. An understanding that 'real power' does not lie with the 'open' practices of the 'modern' state, but at a more secret level was enhanced during this era. The 'state' in all its activities became something of a façade within which colonist and subject alike used to pursue their unspoken private intentions. In as much as it was possible, these resistance tactics (each having precursors in precolonial social practices) held the colonial authorities and their extractivism at bay. But many people in subordinate positions crossed borders to countries that were reputed to be less extractive - or migrated to localities within states where new opportunities might arise (such as gold mining settlements, expanding fishing villages, new urban centres).

Independence in Sierra Leone and Guinea did not change much in this respect. In Guinea, the articulation of the command economy of the Revolutionary Communist State in Guinea actually drew on and reinforced the same modes of governance laid down by the Colonial regime (pass laws, exactions of tax, labour and produce). Indeed, it strengthened the extractivism leading many more Guineans to flee to Liberia, SL and Cote d'Ivoire (where many, by now, had longstanding relations). True, the colonially compliant chiefs were replaced by a new revolutionary cadre, but this new elite

were usually drawn either from the educated among existing ruling families, or from their historically rival elite families. The exactions weighed just as heavily, if not worse on many. To prevent resistance by 'secret societies' these institutions were banned, but they still persisted across borders and were soon revived from the 1980s. During the wars of the 1980s and 1990s, the modes of exaction of warlords were not structurally so different from the state authorities although marginally less violent.

During this period, education had become a path to state employment (state power, mobility and the rewards it brings) but rural families began to take a two (or three) pronged approach to educating their children if they could: to try to educate some in the modern sector, but as they also need some to remain in the villages to labour the farm and care for the elderly, to train others in education that is useful for village life – in farming as apprentices, but including informal education in village-based initiation societies which village residents dominate, or perhaps in Islamic education (in village-based Madrassas feeding a regional hierarchy of Islamic schooling that might qualify one as an Islamic healer). These modes of education did not qualify for formal state employment (the façade), but did qualify in what Ferme (2001) aptly describes as the 'underneath of things'.

One says 'façade' but the colonial and postcolonial state has also become interpreted as a locus for a form of 'witchcraft' associated with Europeans. As several anthropologists note "European and North American cities represented inaccessible urban landscapes of wealth, power, commodities, technology, mobility - and witchcraft²²" Shaw shows the telling contrast drawn to her attention in rural Sierra Leone: European witches have harnessed their powers to achieve material success and technological dominance but make their products public and visible, whereas African witches keep their wonderful inventions hidden, thus blocking Africa's material development. What Europeans do to bring to development is by some perceived to be through their witchcraft. Across the region, Europeans are said to have 'four eyes' in the ways indigenous 'seers' have. They have devices, too that see beyond (iconically, binoculars). Europeans (and often Africans educated in European witchcraft practices and who Europeans employ) also do not have a tendency to share their gains, and display antisocial, witchlike behaviour ("a secluded life, exchanging abrupt greetings, not stopping to talk, not visiting others, eating large quantities of meat, eating alone without inviting others"(Shaw 2002: 210).

There is an incipient anthropological literature looking at how 'white people' are envisaged in West Africa which has revealed speculation on why whites buy African masks and what they do with them; on why they take African blood and what they do with that; on how they identify diamondiferous and auriferous regions. We encountered understandings in up-country Gambia of Western medical researchers "stealing good, African blood that people speculate, they send to Europe or America for transfusions and to make medicines." In coastal Sierra Leone, Diggins observed how fishermen speak of white people coming to their country in order to catch nature spirits, transporting them to Europe for profit, just as they have been doing for decades with diamonds and other precious resources (not to mention the slaves of a previous era).

The landscape in this region is considered to be populated with nature spirits, referred to in the Krio language as 'devils'. Although rarely seen firsthand, these spirits are often described as resembling white men and women. Indeed, European anthropologists occasionally have the experience of being mistaken for (or at least conflated with) a 'devil' (Diggins 2014). Such spirits are morally complex, not intrinsically 'evil' as their Krio name appears to suggest. Nonetheless such a case of mistaken identity gives some sense of how extremely, perhaps alarmingly, exotic white intruders appear to people living in remoter villages.

Ebola, classification and meanings

The modern era, of course, has seen the expansion of new formal healthcare services and new services that are important to securing health (missions and churches of assorted varieties). Whilst it is tempting to contrast the new health system with 'the traditional' one, this overlooks how from the vantage point of those in villages (a) the 'traditional' is not singular but remains extremely varied with different specialists drawing on different agentive forces; a variety which the new institutions add to and (b) that the 'new' biomedical system actually comes with church and/or state/witchcraft/mysterious forces attached. It is not perceived simply as a 'secular' bureaucracy dispensing medications whose power lies only in the pill or injection.

Distinctions between traditional and biomedical makes sense from the vantage point of health professionals, but one can question how far these distinctions are pertinent in shaping health-seeking experience and behaviour. As Fairhead, Leach, Millimoun and Diallo point out (2008), other distinctions are often more important to African therapeutic landscapes and to the ways that people evaluate the salience of different health providers to their problems.

The conceptual fields into which Ebola response initiatives play can be seen to have emerged from the complex interactions of local social orders with globalised forces. There are, however, many other insights from different social theoretical framings which shed other light on the way the Ebola crisis is being experienced. Ebola is one of many diseases. Here we ask: how does it fit into disease classification and what does this mean for the way people experience it?

There are major classificatory distinctions in the region. The most fundamental has long been 'difficult to understand' (symptoms and treatment are not generally known) vs 'easy to understand' (symptoms and treatment are generally known).

Clearly Ebola fits into the former, but one needs to realise that the vast majority of ailments fit into the latter. One also needs to realise that in its early stages, Ebola will present like many easy-to-understand ailments. 'Fever' are common in the region, and a major classificatory distinction is between 'ordinary fevers' and 'big fevers'. As Wilkinson shows in relation to Lassa Fever, ailments that eventually become big, difficult to understand fevers (like Ebola) often start small and presumed easy. How are people classifying Ebola, and its progression, in relation to this field of meanings of fever?

Some 'easy to understand' ailments are treated using everyday indigenous medical practices which may include herbal (and food) remedies. The healing agency of any herbal decoction is usually couched within wider fields of meaning, including their 'gender' and heat/coolness of the disease and the remedy, and the land spirit, ancestral or other life forces that are manifest within them. If herbs and decoctions are efficacious it is not simply because of the pharmacological compounds in them. Some 'easy to understand' diseases include ailments treated by the biomedicines readily available in markets etc. (antibiotics, anti-malarials, painkillers). Within what fields of agentive power are such 'western' remedies understood?

Within the 'difficult to understand and treat' category, there are a variety of specialists who might be sought in what is a very diverse therapeutic landscape.

Categories that may shape choices include distinctions between women's diseases (many clinics as well as maternity units are frequented more by women and children, and there are many women indigenous healing specialists, some of whom are known far and wide irrespective of borders and many of whom are senior within initiation societies) and men's diseases (often men visit a private pharmacy – more of a men's space – but also male healers within men's initiation societies). It

should be stressed that not all elements of the therapeutic landscape are so (or exclusively) gendered. It is simply that some are. More women and children get Ebola, and naturally therefore, more women and children survive it. How does the gendered nature of the epidemic (and of treatment centres) play into an understanding of it and those who should properly treat it?

Whilst a classificatory distinction can be drawn between indigenous diseases and 'western' diseases', for villagers this distinction really rests on rather opaquely known agentive powers of western medicine (in contrast to western medical specialists, for whom indigenous spectrum is opaque). As we have seen, the agentive powers that indigenous healers manage (the life force that is so disrupted by social faults; significant other spirits (e.g. *ninkinanka*, water spirits); personal ancestors; known powerful ancestors (the legendary ancestors of hunters societies, the ancestors of regions), the healing power of ink that had formed koranic text; capricious ancestors (of strangers, those who died 'bad deaths' etc.). Yet the 'western powers' are very unknown and the field of intense speculation. They must be powerful, however, because of their proven ability to heal (in many circumstances).²³

Exactly how Ebola is being classified – and what the implications of this are – is currently being worked out/contested etc., but the categories in which 'it' is being worked out are couched within a longstanding field of meaning. When hearing that West Africans consider Ebola to be a 'western disease', this is in large part because (a) 'it' is (being cast as) new, and (b) the biomedical world has defined the disease and laid claim to its treatment.

One of the problems faced by Ebola response teams, however, is that people say "Ebola is not real". Those who do are not denying the existence of the symptoms and the mortality, but of the ability of the western medical establishment to 'know' and define it better than they. "Some people believe there is a curse that is causing the problem, and that there is nothing called Ebola." Krakue agrees. "People don't know what the sickness is, and they prefer to go to the traditional healers," he says. "They feel that they have been bewitched."²⁴ For several reasons, the Ebola phenomenon is likely to be associated with sorcery, and with 'Western' sorcery at that. 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. Official Western discourse encourages one to avoid all that is socially and morally 'good'. It is a sorcerer's disease; a western sorcerer's disease. Moreover, it is well known that there is no cure. Those who cannot get well (for whom medication will not work) would usually be understood as those who are subjects of sorcery. Those who have survived attribute their good fortune to God as much as to palliative care. "There is no cure, no treatment, so why should I go to hospital". Hospitals (and Ebola Units) have come to be associated with sorcery. Angry and reticent informants in Guekedou Prefecture "thought they were being lied to and that patients in the treatment centres were not being fed or looked after. They thought that once a patient died he would be deprived of his organs and of his blood."²⁵

This intrusion, moreover, carries all the hallmarks of overt sorcery. Those who arrive have been dressed in masquerade suits and masks associated locally with the overt sorcery of secret societies. Some doctors and nurses have stopped wearing their uniforms because they are scared that these will provoke attacks on the street. Where Ebola teams have visited villages to pick up bodies and pump disinfectant, they mimic unwittingly the well-known practices of leaders of the women's society who sprinkle their decoctions to purify. Teams take away bodies. Rumours abound concerning the use to which the bodies are put (draining of blood, stealing of body parts). It is these overt acts of sorcery that have attracted the most violent protest (the disinfecting of markets in Macenta, Nzerekore and (I hear) the site of the murders at Womey. The accusations of sorcery have very strong local logics.

We can complement this discussion of classification with attention to its relationship with power and authority. Ebola is new to the region (it is said). The posters say that 'Ebola is real.' There are apparatuses that have revealed it (the stuff of medical research). There are institutions (universities, military labs, Ministries of Health, NGOs, Development Agencies and the like) and networks of knowledge (journals) within which truths about it have been deliberated and authenticated, and correct and effective responses have been determined. They (ie western experts and their national elite counterparts)'know' what Ebola is, when Ebola is infectious, how it is transmitted, and what it does to the body. They 'know' what should be done to the bodies. They 'know' what organisations addressing Ebola should do and what communities experiencing it should know and do about it. A problem is that these truths; this 'way of knowing', is being experienced by communities as a mode of power and for this reason, is not working as well as it might. Ebola is a social phenomenon, not just a virus.

Moreover, in many aspects, Ebola as experienced as a social phenomenon does not seem to be conforming with the truths about it. Thus not all those looking after and living with an Ebola patient, or touching an Ebola victim's body at a funeral actually catch the disease and die. Many do, but crucially, many don't and those experiencing this, recognise it. Some speculate about resistance. Others speculate around other causes. Second, whilst officially Ebola is 'new' and 'real', it actually presents in many ways and fits many of the symptomatic patterns of other 'big fevers' of which Lassa and others are long known to the region, and thus may not be experienced as so 'new' or different. The message 'Ebola is real' emerges from a world that 'exceptionalises' Ebola (albeit quite rightly) but forgets that the field of experience within which it is thriving is neither new, nor exceptional (albeit exceptionally bad).

Moreover there is actually convincing medical evidence to suggest that Ebola Virus Disease is actually NOT new to the region. That 10% of blood tests taken victims of 'big fevers' that were confounded with Lassa between 2006 and 2008 tested positive for Ebola antibodies suggests – if these findings are accurate – that EVD has long been in the region, and thus very probably has been experienced before. Comparable evidence from DRC and Uganda, and from other haemorrhagic fevers, suggests that it might have been experienced with lesser symptoms, or even asymptotically. These possibilities, which demand further investigation, also highlight the potential availability of immune people in the region – adding to recent epidemic survivors – who could be available to care safely for others. Communities have indeed mobilised the immune as part of local social protocols to control outbreaks Uganda and DRC, as Hewlett and Hewlett have documented.

And by way of a ranting aside, many of the official truths about Ebola – such as its 'spillover' in a Guekedou village from bats to a blameless two-year-old, associated with supposed regional deforestation for the first time) are highly mythic, are at best speculation or at worst complete nonsense.²⁶ People and bats have long co-habited in this ancient, anthropogenic forest landscape with its mosaic of forest, bush and savannah, shaped by settlement and farming, war and trade, and everyday social and ecological life. The idea that deforestation (whether at the hands of local farmers or modern commerce) is bringing people and the bat inhabitants of 'viral forests' together for the first time misconstrues regional landscape history as dangerously as it lays the blame for the epidemic at the feet of the rural people now suffering from it. While there is good evidence that fruit bats are the natural reservoir of Ebola, this particular outbreak owes its dynamic to human-human transmission. Whether it began with a single spillover event, or reflected the human-to-human amplification of multiple spillovers in the past, remains open to speculation. Meanwhile misguided exhortations against eating bats or indeed bushmeat in general have not just denied people vital sources of protein and livelihood, but have contributed to the deluge of misinformation that has undermined local trust in what officials say about Ebola.

What is new, as far as many in the region live it, is (a) a new kind of recognition of these illnesses as an 'outbreak' of 'Ebola' (and the whirlwind of international attention since March 2014) and (b) its national and international management.

As we have seen, the state is not necessarily interpreted for its benevolence and those working for it, for their stated aims. The new road checkpoints in Guinea are iconic. Officially affording 'sanitary' control, they lack equipment (thermometers), instructions, and accountable surveillance, so how could they achieve their stated aim? Their presence is a meaningless performance of 'the state', and those manning them are reported to be simply checking papers and charging 5000GNF before anyone lacking papers can pass. People perform what state checkpoints always have done. Given the resourcing, how could it be any different?

And yet in the early months, villages 'with Ebola' experienced surveillance from white-orchestrated, well-resourced health authorities at an intensity hitherto unknown. Surveillance and tracking of contacts are highly intrusive (documenting friendships and movements in regions where the state authorities usually don't care). In many places where the state and health authorities are not entirely trusted, this new intrusion was experienced as highly invasive – a new form of intrusion - and resisted. Bodies and the ill were taken. The 'lock down' in Sierra Leone provided an equally unparalleled surveillance from the state. Here, however, the mixed experience is telling. Many trusted it, if some found it a complete waste of time, but it was reported that many fled.²⁷

As we can see, Ebola and those managing it are being interpreted within a well-established field of classification. As we have seen, the particularities of these classificatory fields reflect the key 'social structure' lived by those classifying in this way. Indeed the classificatory system reflects the key fault-lines in the social order. A more penetrating analysis of this field would reveal how the different agentive powers in indigenous healing thought (different kinds of ancestors, spirits and life force) also reflect other social fault-lines (first-comer/late comer families, uncle/nephews, initiates/non-initiates, men's and women's secret societies, western and indigenous and so on). As I have tried to reveal, these key social fault-lines are themselves rooted in the articulation of economic orders over very long periods.

Conclusions

The aim of this paper has been to help those mounting Ebola responses into an understanding of the ways villagers might be interpreting the disease and the response. There are enormous imperfections in the paper (this is a highly diverse region) and it is designed to support and stimulate reflection, communication and further compilation of evidence and understandings, not to replace these. I have tried to be as detailed as possible to identify as many of the different specific problems related to burial and other Ebola-linked interventions that may arise, as I can. I have tried too, to reveal some of the generic problems related to the way outsiders are interpreted. As will be clear, the problems raised are very deep rooted both in the villages of the region and in their relations with the world of intervention. Overcoming these will require both greater understanding of and far better informed dialogue with the local people struggling to come to terms with both a disease, and the extraordinary international attention now afforded to it.

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¹ James Fairhead is Professor of Anthropology at the University of Sussex, and has conducted ethnographic fieldwork among Kissi and Kurako speakers in Kissidougou prefecture from 1991. See e.g. his books with Melissa Leach 2006 "Misreading the African Landscape" (Cambridge, CUP) ; *Vaccine Anxieties* (London: Routledge) and journal articles on health and environment in the region.

² Faye, Sylvia Landry 2014 "How anthropologists help medics fight Ebola in Guinea."
<http://www.scidev.net/global/cooperation/feature/anthropologists-medics-ebola-guinea.html>

³ <http://reliefweb.int/report/liberia/ebola-virus-disease-epidemic-liberia-situation-report-sitrep-no-26-0900-hrs-6th-june>

⁴ <http://www.scidev.net/global/cooperation/feature/anthropologists-medics-ebola-guinea.html>

⁵ http://www.nytimes.com/2014/07/28/world/africa/ebola-epidemic-west-africa-guinea.html?_r=0

Note that methods of cutting communities off and of isolating infectious patients date back in the region to the era of Smallpox. "Preventive measures are sometimes taken by an entire village against such calamities as smallpox. The epidemic nature of smallpox is well known to the Kpelle people, and a town in which a case has been found is quarantined by native custom as well as by national law. Smallpox patients are usually isolated on a little-used path in the forest; however, this is an emergency measure against real disaster", "There is a sort of isolation..... It is used in cases of serious skin diseases such as phagedenic ulcers. The victim is isolated in a house in town; the house is fenced; and only one person (often the wife of a male patient) may approach the house to bring food. This isolation is called z?'nE, and a person who has been treated in this way may thereafter be known by the nickname ze'nsi 'the isolation', and shows no offense when the name is used." Secret Medicines, Magic, and Rites of the Kpelle Tribe in Liberia Author(s): William E. Welmers Source: *Southwestern Journal of Anthropology*, Vol. 5, No. 3 (Autumn, 1949), pp. 208-243).

⁶ This is not the first time that there has been resistance to epidemic control measures in Sierra Leone, see e.g. Rashid, Ishmael 2012 (mss) "**Epidemic and Resistance in Sierra Leone**"
http://www.academia.edu/2350892/Epidemic_and_Resistance_in_Sierra_Leone

⁷ Kissi (or Kisia, Kissia) live in Guekedou and Kissidougou Prefectures in Guinea, and in Kailahun in Sierra Leone and the extreme NW of Liberia.

⁸ There is a large literature on Funeral practices concerning the Mende of Sierra Leone and the Loma/Toma of Guinea/Liberia which I have not yet had time to review as part of this briefing, including Little, K. 1951 (1967) *The Mende of Sierra Leone*. London, Routledge & Kegan Paul. 113-139; 216-239 ; Gittins, A. J. 1987. *Mende Religion: Aspects of Belief and Thought in Sierra Leone*. Styler Verlag: Wort und Werk ; Phillips, Ruth. *Masking in Mende Sande Society*. *Africa* 48, 3, 265-277 ; Harris, W. T. and H. Sawyer 1968 *The springs of Mende belief and conduct*. Freetown: Sierra Leone University Press ; Jedrej, M. C. 1976 *Medicine, fetish and secret society in*

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and works by McGovern and R. Leopold.

⁹ See Diggins 2014 for reflections in this in coastal Sierra Leone; see also the classic work of Marcel Griaule on the Dogon economy in Mali (much misunderstood my anthropologists) in his *Conversations with Ogotemmel*.

¹⁰ Paulme writes, tongue in cheek, "If the wishes of the dying are not too different from their interests and desire".

¹¹ In the past, according to Paulme, the dying were taken at night into the (sacred) forest; where they were gagged, the nostrils blocked and strangled, so that their death would not defile the village; and they were sure that the breath of the dying would not escape to return to torment the living. This custom allowed a few days delay to the announcement of the death of a leader, and to accompany the proclamation of his successor, cutting short any political unrest. In the 1940s, the habit was maintained for important people, when they were about to die, to take them out of the village to expire. For individuals of lesser importance, one simply removed the dying to the bare ground, next to their bed. Paulme wrote that such a custom was destined to be forgotten soon, given how the reason for it was also forgotten.

¹² Historically this accused would be transported to the chief's court. Witches were killed with sticks, as court records earlier in the 20th century attest. In precolonial times, if the individual was saved, he might be sold as a slave, or in more recent times, required to cultivate the fields of the chief, maintain the widow, or pay a fine - little different from the fate of an 'actual' murderer.

¹³ The same source suggests that "mourners touch the deceased's head frequently before burial." As should be becoming apparent, there are many different reasons why the body is touched after death
<http://www.theguardian.com/world/2014/jul/02/-sp-ebola-out-of-control-west-africa>

¹⁴ Chief were usually buried under their houses sitting on cloth and holding grave goods denoting their rank. An upturned bucket (the cap of the dead, a badge of command) is placed on the roof apex and the house abandoned, called a Mandu. The tomb's guardian (the head of his lineage) can enter during the days of offering, to place cooked rice and pours palm wine down a tube (gun barrel) that leads to the mouth of the corpse. Chiefs can also be buried under the communal shelter – a lively village meeting place – where a clay trough ("mandu") at the base of a pillar then serves as an altar for ancestral supplication. Around it, will be found a few carved stones, pōmdo, one or two small polished stone axes, some empty bottles, a handful of cotton; all stained with the red juice of cola spat on offering days. In the south and east, the clay trough is often replaced with large stoness stuck vertically in the ground wasyo: thus is named the slabs at the center of the village square where men sit down to converse. The highest of these menhirs (some exceed 1 m. 50) might be are surrounded by a cotton strip - the "garment" required by the ancestor

¹⁵ There is more robbery in electrified town, people reason, because lighting is diverted to electricity wires, protecting robbers

¹⁶ Lepers, and sometimes the blind, used to be buried outside the village, often along the trail to the water point. The drowned, whose bodies are found, have their graves dug by the river. Formerly, according to some, the corpse would lie on an old mat on the shore; and men and women of the village then entered the water with their nets, fished to song - and those who ate fish caught in such circumstances would be assured of not drowning. The funeral was then held at the riverside. According to others, the corpse was thrown to the catfish that haunt that part of river, sacred for the entire lineage, sola dala.

¹⁷ The leading figure of the women's initiation society, the *sulukuno* is a healing specialist, and with her decoctions and rituals can help barren woman become pregnant, and even barren men.

¹⁸ the village in question had "bought" the recent male initiation rite that had then fallen into disuse

¹⁹ Portere, R. La monnaie de fer et Culte des Morts au XXe Siecle (Guinee) Science et Nature (Museum, Paris 39 97-109) http://www.persee.fr/web/revues/home/prescript/article/jatba_0021-7662_1960_num_7_1_2595

²⁰ Shaw, Rosalind 2002, Memories of the Slave Trade: ritual and the historical imagination in Sierra Leone.

²¹ (note how 'quarantine' echoes historic pass laws and the experience of 'the checkpoint' (in Ebola, 'sanitary checkpoints').

²² Shaw 2002: 209

²³ [These include distinctions between women's and children's health providers (at state health centres), and those that men frequent (private pharmacies); between familiar ailments with known therapies (whether self-treatment, biomedical or herbal), and unfamiliar ones requiring expert diagnostics (whether from Islamic healers, diviners or doctors); between illnesses treatable by injection, and those aggravated by injection; between types of payment; and between high quality/strong medicines, and poor quality/weak ones. As people engage with emergent therapeutic landscapes, relations of knowledge and expertise, and forms of social solidarity, are emerging with significant implications for potential pathways of health system development, how these are conceptualised, and the forms of citizenship and partnership they might involve.]

²⁴ <https://news.vice.com/article/why-dont-west-africans-believe-ebola-is-real>

²⁵ <http://www.who.int/features/2014/ebola-in-villages/en/>

²⁶ For this truth, see e.g. WHO. For earlier evidence of EVD in the region, see Schoepp RJ, Rossi CA, Khan SH, Goba A, Fair JN. Undiagnosed acute viral febrile illnesses, Sierra Leone. Emerg Infect Dis [Internet]. 2014 Jul <http://dx.doi.org/10.3201/eid2007.131265> . For critique of deforestation, see e. g. Fairhead and Leach 1996 "Misreading the African Landscape" (Cambridge University Press) and their 1994 "Contested Forests: modern conservation and historical land use in Guinea's Ziam reserve" *African Affairs* 1994, 93 481-512.

²⁷ <http://www.theblaze.com/stories/2014/09/20/ebola-crisis-sparks-fighting-fleeing-as-sierra-leone-struggles-through-second-day-of-lockdown/>