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The Making of Dangerous Communities: The "Peul-Fouta" in Ebola-Weary Senegal

Ato Kwamena Onoma

Abstract: Epidemics of contagious diseases often motivate the social constitution of "dangerous communities." These communities are defined as having a high potential to further spread the diseases involved to a wider public. Migrant communities' links with sick people in places of origin that are badly affected by such diseases ostensibly justify the construction of these communities as epidemic dangers to their places of residence. But this depiction of certain groups as health threats is always grounded in other long-standing narratives about the populations targeted. Such narratives often portray those targeted as radically different from the wider body politic and stigmatise them in multiple ways. The situation of the Peul of Guinean origin in Senegal at the height of the Ebola virus disease outbreak in the Mano River Basin sheds light on these processes of sociogenesis and their implications for epidemic control and prevention.

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Keywords: Senegal, immigration/immigrants, Peul, social discrimination, xenophobia, Ebola virus

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> *We were afraid of the Peul-Fouta and tried to stay away from them during the Ebola epidemic. People said the Peul-Fouta will bring Ebola to Senegal.*[1]

Epidemics of contagious diseases often motivate the construction of dangerous communities that are portrayed as likely to cause the spread of diseases in the general populace. When migrants' places of origin are severely hit by epidemics, links with these "home" areas are said to justify the constitution of such migrant populations as health threats to their places of residence. The Peul community of Guinean origin in Senegal, popularly known as "Peul-Fouta,"[2] was constituted as such an epidemic danger during the Ebola virus disease (EVD) outbreak in the Mano River Basin.

The EVD outbreak that started in December 2013 turned out to be much worse than was initially expected in the three most affected countries of Guinea, Sierra Leone, and Liberia. It reached epidemic proportions and the World Health Organization (WHO) declared it a "public health emergency of international concern" in August 2014 (Onoma 2016). The epidemic resulted in over 28,000 cases and more than 11,300 deaths in the three countries. It also caused much damage to the health systems and economies in these countries, which were still recovering from the ravages of the Liberian and Sierra Leonean civil wars of the 1990s and the first decade of this century (Bartone 2016; WHO Ebola Response Team 2016). It spread beyond the rural confines to which EVD outbreaks in Central and Eastern Africa had previously been limited to highly populated urban centres. The disease led to much fear and anxiety, partly fuelled by the emphasis on the incurable nature of the disease in many early sensitisation messages. This fear led to many preventable deaths from other diseases as many tried to stay away from health centres in a bid to avoid being infected with EVD. Fear also encouraged the stigmatisation of both the sick and the health workers who helped tackle the disease in these countries (Onoma 2016).

Beyond the three worst-affected countries, infection chains occurred in Mali, Nigeria, the United States, and Spain, in addition to a case in Senegal. Despite warnings to the contrary from health experts, travel

1 Interview with a Senegalese person in Point E, Dakar, 14 February 2016.

2 Because of the need to repeatedly use the terms "Peul-Fouta" and "Senegalese" in this article, I often employ them without the quotation marks they deserve. Much of this article is, however, dedicated to problematising these categories. In citations of interviews, I use the term "Senegalo-Guinean," which some members of this community use to describe themselves.

and visa restrictions were deployed around the world as many scrambled to keep the disease at bay (Onoma 2016).

This article addresses two questions: Why was the Peul-Fouta community imagined as a health menace to Senegal at the height of the EVD outbreak? And why did the danger that this community supposedly posed to Senegal largely go unrealised? The responses to these questions invoke the centrality of sociological processes to epidemics and the continuities between the "exceptional" periods of epidemics and broader social dynamics. The study coincides with many in arguing that understanding epidemics requires making sense of society writ large (M'bokolo 1982: 21; Farmer 1999: 5, 2005: 30; Edmond 2006; Echenberg 2011; Bangura 2014; Niang 2014; Faye 2015).

In Senegal, the social life of the epidemic involved the construction of the Peul-Fouta community as a serious health threat. It was believed that frequent travel between Guinea and Senegal by Peul-Fouta and their Guinean relatives and business partners would lead to the spread of EVD from Guinea to Senegal.[3] This idea coincided with the often-espoused connection between migration and the spread of contagious diseases (Aagaard-Hansen, Nombela, and Alvar 2010). It was asserted that Peul-Fouta who travelled to Guinea would catch EVD there and bring the disease to Senegal. There was also the idea that infected Guineans who were not yet showing symptoms would travel to Senegal to visit Peul-Fouta relatives and infect people.[4] But movements between the two countries and contact between Peul-Fouta and Guineans before the epidemic could not justify the portrayal of the Peul-Fouta as an epidemic danger. These movements and connections could have caused the spread of EVD only if the Peul-Fouta did not alter their behaviour in reaction to the epidemic. The complementary assumption about Peul-Fouta unwillingness to change in a time of an epidemic is rooted in popular imaginaries in Senegalese society about "how the Peul-Fouta are." These imaginaries are part of the long-standing process of constructing "Senegalese" and "Peul-Fouta" communities that are said to have sharply contrasting attitudes and behaviours. The EVD epidemic became immersed in and can only be understood with reference to histories of social differentiation, marginalisation, and struggles over belonging in Senegal. The fact that, contrary to these narratives, Senegalese and Peul-Fouta reacted in similar ways to the epidemic sheds light on why the threat that the Peul-Fouta ostensibly posed to Senegal never materialised.

3 Interviews with Senegalese people in Point E, Dakar, 14 February 2016, 23 March 2016, and 24 March 2016.

4 Interview with a Senegalese person in Point E, Dakar, 14 February 2016.

This article is based on participant observation and long semi-structured interviews with 18 "Peul-Fouta" and 15 "Senegalese" in Dakar. The interviews took place in the neighbourhoods of Point E, Parcelles Assainies, Guediawaye, and Pikine. Interviewees ranged from scholars and staff of research institutions to store owners and wayside vendors. They all fell between the ages of 23 and 70. Men constituted 19 of the interviewees, and women 14.

Informal conversations with nine Peul-Fouta and over 20 Senegalese also significantly influenced this study. The Peul-Fouta who I held these conversations with included academics, NGO workers, taxi drivers, fruit sellers, and store operators. The Senegalese who participated in these conversations included NGO workers, civil society members, state officials, professors, and domestic workers. Informed verbal consent was obtained from all participants before all formal interviews and informal conversations. Unlike the Senegalese, many Peul-Fouta refused to take part in the study and being too busy was one of the main reasons they gave for this. Formal interviews and informal conversations were conducted from February to April 2016.

Insights into Senegalese attitudes and concerns were boosted by the exploration of online sources. These sources were often less useful for gauging the views of Peul-Fouta, since xenophobic outbursts cowed many into assuming a low profile at the height of the epidemic. Living in Dakar during the epidemic also contributed to my interest in this subject and shaped my perspectives on it.

The rest of this article is divided into four sections. The next segment clarifies key concepts and provides some theoretical grounding for the argument. This is followed by a section that uses empirical evidence from Senegal to support my argument. I then place this argument in a broader context that goes beyond EVD and West Africa. The conclusion teases out a few policy implications of the work. [5]

5 I wish to thank Aissatou Sow for research assistance. Emiliane Faye provided very helpful library assistance. Mamay Jah and Mame Sokhna Thiare read and commented on an earlier draft of this article. Sylvain Landry Faye gave very insightful comments on a draft of the paper as the discussant during my presentation of the paper at a CODESRIA seminar. I wish to thank all of these colleagues and other participants at the CODESRIA seminar for their input, which has made this article better.

Conceptual and Theoretical Considerations

The portrayal of a community as an epidemic danger is marked by an utter lack of concern for the welfare of such a population. It exclusively focuses on the supposed threat that a community poses to others with no concern about the well-being of that community in the first place. For migrant populations, it is links with home areas plagued by contagious epidemics that have often led to their portrayal as health threats (Markel and Stern 2002; Eichelberger 2007; Harper and Raman 2008; White 2010). Contact with sick members of their "home" population, through trips "home" or through the entertainment of visitors from "home" are said to facilitate the spread of diseases. But histories of such interactions are insufficient bases for framing migrants as epidemiologically dangerous. For these links to contribute to the spread of disease, migrants have to continue to interact with the place of origin and the people there as they did before the start of the respective epidemic. In the case of EVD, this would mean physical contact with the sick at the height of a major epidemic.

Such continuity would make migrants exceptional relative to others who are forced by epidemics and the fear they cause into making changes to their lifestyles and activities (M'bokolo 1982: 14–15; Ngalamulume 2004; Edmond 2006; Carpenter 2010: 511; Dumbuya 2015; Onoma 2016: 2;). This view of migrants as exceptional is an aspect of boundary making in inter-communal encounters through which certain populations are imagined as radically different from others (Caplan 1995; Jeyifo 2002; Nyamnjoh 2010: 60). These assumptions of sociological difference pervade encounters between so-called migrants and autochthones. They often come to the fore during health crises and touch on fundamental questions of self-love, sociability, patriotism, and citizenship (Edmond 2006; Echenberg 2007).

The processes through which migrant and autochthonous communities are created and made to confront each other involve two moves that are both fundamentally negating (Geschiere and Nyamnjoh 2000: 430; Jackson 2006: 95–123). The first fabricates two communities, each of which is portrayed as internally homogenous regardless of its many internal differences. The second sharply distinguishes between these groups, imagining away whatever links may exist between them (Nyamnjoh 2015: 10).

This process of othering can jump from defining a migrant community as a threat to a host area that they are a part of to defining them as not belonging to this place at all. Because strangers are a threat to the body politic, they are gradually defined out of this entity. But their definition as not/no longer part of the body politic only serves to magnify

the danger they pose, which further justifies their exclusion. Thus, comments about their "invading our country" and there "being too many of them here" become common. From there it is a short step to calls for a census of the strangers, insistence that "they should all register," and calls for them to only live in certain areas or for their expulsion (M'bokolo 1982: 33–34; HSRC 2008: 29–30; Roberts 2010: 348; Onoma 2013; Bangura 2014).[6]

The frequent use of "stranger," "migrant," "autochthon," and "indigene" in these discourses belies the complex and troubled histories of these concepts. The distinction of the autochthon from the stranger has come to emphasise origin in a territory, first arrival in a place, earlier arrival relative to others, and so on (Geschiere and Nyamnjoh 2000; Konings 2008; Jackson 2006; Onoma 2013). The evolving definitions of these concepts are replete with ambiguity, and the concepts are often deliberately deployed in diverse ways to maximise advantage in political struggles (Jackson 2006; Geschiere 2009). The relevant entities juxtaposed range from ethnic groups and villages to clans and families (Onoma 2013). Often, citizenship rights, including those to land as well as the rights to vote and contest power in a place, are at the heart of these struggles. These conflicts have led to violent outbreaks and various forms of exclusion in many areas of the world (Mamdani 2001; Geschiere 2009; Onoma 2013). Landlord–stranger relations that facilitate the redistribution of rights, privileges, and costs in these societies while reinforcing hierarchies represent one mechanism through which these tensions are tempered (Onoma 2013; Bedert 2017).

The deployment of stereotypes is a key part of the process through which populations constitute others as well as themselves in interactions between strangers and autochthones. Health and sanitation concerns often occupy pride of place in these processes of stereotyping, which also dwell on issues like noise making and the tolerance of noise, sexual morality, work ethic, and aggressiveness (Onoma 2013). Colonial officials in Africa and Asia often complained about the sanitary unwholesomeness of "natives." These concerns were sometimes implicated in settlement plans that separated zones for Europeans from those for African and Asian "natives" (Curtin 1985: 595–597; Goerg 1998: 13). In the 1990s, many refugees from Liberia and Sierra Leone portrayed their Guinean hosts as insalubrious. Guineans in turn questioned the cleanli-

6 Suggestions for a register of Muslims already in the United States and measures to ban Muslims from entry into the country floated during the 2016 US presidential elections provide examples of these measures in the context of counter-terrorism.

ness of their refugee guests, with a particular focus on "fecal matters" (Onoma 2013: 121).

The existence of mirroring portrayals is only one paradox of these processes of stereotyping. Another is the rather conflicting mix of cast-iron certainty and insatiable uncertainty that characterises attitudes to the other. The strength of certainty is *demonstrated* in the stock phrases employed: "Batutsi are cunning and conniving people!" "The Zulu are naturally bellicose!" "The Senegalese are lazy and loud-mouthed!" Assertions that do not permit exceptions, nuance, or doubt are typical. The brevity and tone of finality incarnate certitude, which is reinforced by the manner of delivery in spoken form. Structure, substance, and performance reinforce each other to posit a plenitude of certainty that raises questions as to whether they are only directed at the ears of *the listener*.

The overdetermination of certainty in these deliveries suggests that an effort is being made to reassure *the speaker* as much as the listener. It betrays a gnawing sense of uncertainty and an insatiable curiosity about who "those people" are, what they represent, and what they are going to do (Hoffman 1986; Bauman 1997; Appadurai 1998). This curiosity is made all the more urgent by the fact that "those people" are changing over time just as "we" are. What we know always has the potential to become obsolete. This creates a perpetual crisis of uncertainty and doubt. Statements about how "those people" are or how "we" are become efforts to grasp and ossify social categories that are constantly evolving. The urgency of grasping the other once and for all increases precisely because this task is ultimately impossible. When pursued to extremes, these Sisyphean efforts to "capture" and "fix" the other have sometimes led to murderous violence (Appadurai 1998).

Some of the long-standing stereotypes that focus on how some people care little about their own well-being inform the idea that such populations will spread diseases by ignoring epidemic control and prevention measures. Historical processes of constructing and policing differences during times of normality come to influence how people make sense of, adapt to, and shape the course of epidemics. Facing dangerous outbreaks, people resort to long-held ideas and toolkits to fashion solutions and coping strategies.

Narratives that portray certain populations as spreaders of diseases thrive even while members of the targeted groups are routinely seen to display behaviours that accord with epidemic control and prevention measures. Such behaviours are often not used to question popular understandings of these populations as health hazards. Instead, in a classic case of interpretation bias, facts are imagined and/or explained away to fit with

established views of these people (Resch, Ernst, and Garrow 2000: 164–167; Kaptchuk 2003).

These behaviours on the part of "dangerous" populations that accord with epidemic control and prevention measures help us understand why the health threats that these communities are said to pose often do not materialise. The constitution of these populations as epidemic dangers is rooted in imaginaries that aid social differentiation and contests over rights of citizenship and belonging (Ogachi 1999: 83–107; Geschiere and Nyamnjoh 2000; Jackson 2006: 95–123; Arnaut 2008: 1–20). But these imaginaries are of limited utility in helping one understand the variegated and evolving communities that constitute our diverse societies today (Nyamnjoh 2015: 10). They are also poor predictors of behaviour in the face of epidemics.

Unravelling Senegal's "Puzzling" Escape from the EVD Epidemic

The Pulaar-speaking people, of whom the Peul-Fouta are a part, include nomadic pastoralists, sedentary cultivators, and city residents and are found in multiple countries in West, Central, and North Africa (Adebayo 1991: 1; Oppong 2002: 28). In Senegal, the suffix "Fouta" serves to distinguish Peul migrants from Guinea from the Fulfulde-speaking Peul and Toucouleur of Senegal. It does so by connecting the Peul-Fouta to their supposed place of origin: the Fouta Djallon highlands of Guinea. Tying the Peul population to one place is problematic because the history of the Peul can above all be summarised as one of movement (Oppong 2002: 37–39; Hampshire 2010). It is a good example of the much-denounced privileging of origins over place of residence (Mamdani 2001; Mbembe 2002: 241).

Contrary to the Senegalese tendency to speak of the Peul-Fouta as a homogenous group, this community is a highly diverse and evolving one in terms of traits such as age structure, profession, wealth, length of stay in Senegal, and ties to Guinea. Some Peul-Fouta arrived in Senegal recently, while others migrated to Senegal decades ago. Some are high-level actors in the Senegalese civil service, security forces, and private sector, while others sell fruit, charcoal, and vegetables. While some maintain very strong links with Guinea, some were born in Senegal and have never been to Guinea (Lefebvre 2003: 4, 22; Diallo 2009: 74).

Peul-Fouta routes to Senegal have always been varied. Today many travel between Guinea and Dakar via the highway that runs from Dakar through Tambacounda to the border post in Manda. On the Guinean side

of the border, the main road passes through many towns in the Fouta Djallon that are the destination or point of departure of many Peul-Fouta. Further south-west, one ends up in the Guinean capital, Conakry, which has heavy concentrations of Peul inhabitants. But since many Peul have for centuries lived in other areas of Guinea, it is not unusual for movement to involve other routes and destinations. Additionally, many Peul-Fouta first travel to countries like Sierra Leone and Gambia to seek a fortune and then later move to Senegal from these places.

The Peul-Fouta community is the largest population of Guinean origin in Dakar (Bah, Keita, and Lootvoet 1989; Groelsema 1998; Diallo 2009: 54). Difficult political relations with Guinea's first president, Sékou Toure, motivated large-scale migration by the Peul to Senegal and other countries in the 1970s. Many flows have followed since. The heavy concentration of Peul-Fouta in Dakar, compared to the rest of Senegal, stems from the same factors that pull many Africans to cities. Dakar's central role in the colonial French West African territories also means that it has long attracted migrants from francophone African countries and elsewhere. This has made it a diverse city. Other notable "migrant" communities in Dakar include the Cape Verdians and Dahomeans (Benin).

In Dakar, Peul-Fouta are very visible partly on account of the key roles they play in the retailing of fruits, vegetables, and charcoal, as well as the running of corner shops. Their participation in these businesses puts Peul-Fouta in constant touch with many Senegalese and has led to their deep association with these activities. One consequence of the identification of Peul-Fouta with these economic activities is that many overlook the other multiple roles they play – for instance, as academics, legal and medical practitioners, public servants, and state security personnel. Another consequence is the rather pervasive tendency of many Senegalese in Dakar to conflate being Peul-Fouta and being Guinean. People routinely use "*les Peul-Fouta*" and "*les Guinéens*" interchangeably. The Soussou, Malinké, and other groups originating from Guinea that live in Dakar are generally overlooked by many Senegalese in Dakar in their discussion of *les Guinéens*. Further, the fact that many Peul-Fouta were born in Senegal and are citizens of Senegal is elided by popular reference to them as "*les Guinéens*."

When a Peul-Fouta visitor from Guinea was diagnosed with EVD in August 2014 in Dakar, it only confirmed the long-held fears of many Senegalese that the Peul-Fouta would "bring Ebola to Senegal." The focus on the Peul-Fouta, while rooted in the geography of this specific outbreak, also reflected the common preoccupation with elsewhere and with others as the source of diseases (Ngalamulume 2004: 198; Eichelberger 2007;

Mason 2012). The usual effort to exorcise "foreign" threats went into full gear. On phone-in radio shows and online, people expressed fear of the Peul-Fouta and urged their policing, isolation, and expulsion.[7] People were warned to avoid buying food that could not be washed from the Peul-Fouta. Those who had to buy vegetables from the Peul-Fouta were told to thoroughly wash these foods with antiseptic liquid.[8] Some avoided sitting next to Peul-Fouta on public transport vehicles, and people yelled "Ebola" at Peul-Fouta in the streets.[9] A demonstration in Dakar against the hospitalisation of the Guinean EVD patient at Hopital Fann had to be violently dispersed by the security forces. Vigilante groups from border villages arrested and handed Guineans crossing the border over to security personnel for deportation (Ba 2014).

This stigmatisation unfortunately blemished a much broader effort spearheaded by the minister of health and social action, Prof. Awa Marie Coll Seck, who won great plaudits for her professionalism and effectiveness. In May 2014, as EVD spread in neighbouring Guinea, the Ministry of Health and Social Action of Senegal published an action plan to deal with the epidemic (Desclaux and Sow 2015). Sensitisation on the dangers, signs, and symptoms of EVD and on measures for controlling and preventing the spread of the disease, pervaded audio, video, and print media, with billboards erected in various areas of the city. The border with Guinea was closed twice, with reinforced policing to prevent crossing to and from Guinea (Onoma 2016). To aid interventions by international health agencies working in the affected countries, Senegal allowed for the establishment of an air bridge for the passage of human and material resources to fight the epidemic. A system of monitoring was put in place for people stationed in Senegal who visited the Mano River Basin countries. When the young Guinean was diagnosed with EVD, an elaborate system of contact tracing was deployed, followed by the quarantining and monitoring of all contacts for a 21-day period (Desclaux and Sow 2015).

But expectations about the spread of the disease in Senegal and other countries bordering the three worst-affected countries largely went unrealised. The young Peul-Fouta seemed to have been the only EVD sufferer that had crossed into Senegal. He recovered from the disease and did not cause a chain of infection. Two of the three other countries

7 Interviews with Senegalese people in Point E, Dakar, 23 March 2016 and 24 March 2016.

8 Interview with a Senegalese person in Point E, Dakar, 24 March 2016.

bordering the Mano River Basin – Cote d'Ivoire and Guinea Bissau – had no EVD cases. Mali had two chains of infection that were contained (WHO 2014; *Le Monde* 2015).

The Insufficiency of Links to a Place of Sick Bodies

The link between the Peul-Fouta and EVD-ravaged Guinea was only part of the reason why people saw the former as an epidemic danger. The fear was grounded in the belief that unlike "the Senegalese," the Peul-Fouta would not alter their behaviour in response to the EVD outbreak. This belief is evident in the two ways in which people thought the disease would spread: (1) Peul-Fouta would continue their frequent trips to Guinea, where they would become infected and return to spread EVD in Senegal; and (2) Peul-Fouta would continue to host recurrent visitors from Guinea who might have EVD and infect people in Senegal.[10] People were thus asserting Peul-Fouta peculiarity as the people who would continue normal lives in the face of an epidemic that forced many to change their behaviour. These changes included avoiding handshaking, washing hands frequently, postponing trips, and cancelling conferences.

This idea of Peul-Fouta peculiarity has to be understood as part of a long-standing process of boundary making in Dakar that distinguishes between the "Peul-Fouta" and the "Senegalese." This distinction between Peul-Fouta and Senegalese is only one boundary-making process in the diverse city of Dakar. Another pits the Senegalese against *nyaks*, a category of foreigners that does not include whites, Asians, and people from Senegal's neighbours (Nyamnjoh 2005). The dominance of the Peul-Fouta–Senegalese distinction during the EVD crisis was rooted in the fact that Guinea was badly affected by the epidemic. These processes of differentiation ignore the significant diversity within each of these groups as well as the links that exist between these communities.

In Senegal the idea of Peul-Fouta peculiarity is grounded above all else in the understanding of the group as singularly obsessed with accumulating wealth,[11] evoking discourses on Jews (Muller 2010). Something that is said to follow from this stereotype is their total lack of consideration for personal well-being, as seen in their habit of spending as little as they can on food. "A Peul-Fouta will buy rice and *maafe* for CFA 500 (USD 1), eat it for lunch, dinner and even leave some of it for breakfast

11 Interviews with Senegalese people in Point E, Dakar, 24 March 2016 and in Golf-Sud, Guediewaye, Dakar, 30 April 2016.

the next day!"[12] Another supposed implication is their disregard for personal comfort, as seen in their accommodation arrangements.

> A [Peul-Fouta] man and his three wives and their 10 children can all live in a little room. It could be a room like this with a bed on one side and a curtain to separate the TV area. The wife whose turn it is to sleep with the husband will join him on the bed while the rest sleep in the other area. They do that because they are stingy. They have money but would rather live in crowded conditions like that.[13]

This stinginess is said to have sanitary implications, recalling colonial anxieties over the insalubrity of indigenes (M'bokolo 1982: 15–16; Goerg 1998: 8-10; Ngalamulume 2004: 191).

> The Peul-Fouta are not very clean people. Can you imagine that their little shop is also where they live? They will not rent a place to live in. That is where they will sleep. They will also cook there. They will use it as their toilet and everything else. And then they will also sell bread and other foods to us there. That is why people sometimes hesitate to buy things you cannot cook or wash before eating from them.[14]

In these discourses, the extent to which the qualities ascribed to the Peul-Fouta – such as habitation in cramped conditions and a focus on saving – are shared by other migrant groups and even some Senegalese is ignored. So is the question of whether some Peul-Fouta have lifestyles that differ from those ascribed to the group (Lefebvre 2003: 15).

Similar stereotyping of the Peul proliferates across West and Central Africa. In Ghana the Peul are portrayed as armed robbers, bandits, and rapists. They are also seen as dirty and backward (Bukari and Schareika 2015: 4–8). There may be something of the envy with which "civilised" sedentary communities look at herdsmen who live on the margins of "civilised" society, where they often defy the state and its impositions (Scott 2009).

The Unexceptional "Peul-Fouta"

Contrary to popular perceptions, interviews with Peul-Fouta revealed how *similar* their outlooks and preoccupations regarding EVD were to others in

12 Interview with a Senegalese person in Point E, Dakar, 24 March 2016.
13 Interview with a Senegalese person in Point E, Dakar, 23 March 2016.
14 Interview with a Senegalese person in Point E, Dakar, 23 March 2016.

Senegal and beyond. As was the case for most people, the height of the outbreak was a time of great fear and stress for Peul-Fouta.[15] They agonised over the spread of EVD in Guinea and the damage it was causing there. They were also concerned about the damage the disease would cause if it spread in Senegal and the xenophobic backlash from the Senegalese that would result.[16] As one person noted, "If Ebola comes here it is everyone that will be affected."[17]

Like many in West Africa and the rest of the world, the Peul-Fouta adopted behavioural changes to shield themselves and their loved ones from the disease. Many interviewees reported a general reduction in movement between Guinea and Senegal during the period, with people limiting travel to "essential" trips.[18] One interviewee noted,

> At the height of Ebola we were afraid of going to Guinea. Ebola was very contagious and killed many people quickly. People were already limiting their travel to Guinea because of the disease even before the border was closed.[19]

There was an effort to accomplish tasks without travel to Guinea, and business people began to rely more on goods from other areas during the period.[20]

Peul-Fouta also tried to manage visits to Senegal by Guineans. At the height of the outbreak, calls from Guineans to potential hosts concerning planned trips to Senegal inevitably turned to the question of EVD and its implications for travel. Peul-Fouta would discuss the EVD outbreak with would-be travellers from Guinea and inform them of the tense environment in Senegal as well as the border closure (when it did happen). They would explain to their would-be guests the dangers of travel given the possibility of contagion. Many Peul-Fouta counselled travellers to either cancel or put off trips that were not deemed absolutely essential.[21] A Peul-Fouta person noted,

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15 Interviews with Senegalo-Guineans in Pikine Nord, Dakar, 13 February 2016; in Pikine Tally Boumack, Dakar, 14 February 2016; and in Guediawaye, Dakar, 17 February 2016.

16 Interviews with Senegalo-Guineans in Pikine Gounass, Dakar, 24 March 2016; in Point E, Dakar, 6 April 2016; and in Thiaroye Gare, Dakar, 26 March 2016.

17 Interview with a Senegalo-Guinean in Pikine Nord, Dakar, 13 March 2016.

18 Interview with a Senegalo-Guinean in Thiaroye Gare, Dakar, 26 March 2016.

19 Interview with a Senegalo-Guinean in Point E, Dakar, 6 April 2016.

20 Interviews with Senegalo-Guineans in Guediawaye, Dakar, 17 February 2016 and in Parcelles Assainies, Dakar, 20 Feburary 2016.

21 Interviews with Senegalo-Guineans in Pikine Tally Boumack, Dakar, 14 February and 23 February 2016.

> After the start of Ebola we started talking to people who wanted to visit us from Guinea about health issues and the risks of spreading the disease. We told people to postpone their travel because of Ebola in Guinea.[22]

The comments of another revealed the anxieties of the time in more detail.

> No one from our family went to Guinea then. And no one from Guinea came to visit us at that time […] I don't know if my dad discouraged them from coming or if they just did not want to come here at that time. If my dad had told us someone was coming from Guinea to stay with us I would have said "No." It was not safe.[23]

The statement of a Senegalese person who has Peul-Fouta neighbours lends support to the general trend towards limited movement between the two countries during this period.

> We have Peul-Fouta neighbours that we interact with a lot. During that time I did not see any new person in their house. There were people there who wanted to go back to Guinea but they could not. They were scared to go back. [24]

Where trips were deemed essential, further details on the health history and contacts of the traveller were discussed with the goal of preventing the possible contamination of the host's family.[25]

The suspension of normality by Peul-Fouta continued after the arrival of visitors. Some interviewees reported closely watching guests so as to detect any possible signs of EVD-like symptoms.[26]

> We were afraid of them bringing the disease and contaminating us. For those who came we started to look carefully at their health. This is not something we used to do before Ebola. We did not want them to contaminate our household members if they fell sick. We did not tell them to isolate themselves, but if they fell sick we told them to go to the hospital.[27]

The nuanced measures adopted by the Peul-Fouta of reducing non-essential travel and checking the health history of travellers were proced-

22 Interview with a Senegalo-Guinean in Guediawaye, Dakar, 28 March 2016.
23 Interview with a Senegalo-Guinean in Point E, Dakar, 6 April 2016.
24 Interview with a Senegalese person in Point E, Dakar, 23 March 2016.
25 Interview with a Senegalo-Guinean in Guediawaye, Dakar, 17 February 2016.
26 Interview with a Senegalo-Guinean in Pikine Nord, Dakar, 13 February 2016.
27 Interview with a Senegalo-Guinean in Pikine Nord, Dakar, 13 February 2016.

ures recommended by agencies involved in fighting the outbreak (WHO 2014; Friedman 2014; MacKenzie 2014; Onoma 2016). These stand in contrast with many of the brash measures adopted by states that went against the counsel of these agencies and were not always productive. The closure of Senegal's border in March and again in August 2014 was an example. It raised the cost of travel between the two countries and discouraged "unnecessary travel."[28] But people who really wanted to travel just circumvented the barriers, as many migrants do around the world (Locoh 1989: 21–22; Fall 1995: 271; Lombard 2009: 242; Mackenzie 2014). The use of unmanned border points and air travel through third countries facilitated such movements.[29] A "Bootlegger-Baptist" dynamic (Yandle 1983) developed, with some clamouring for the closure of the border to curb crossings while others exploited the closure to smuggle people across the border for a fee.[30] By motivating people to use unmanned crossing points, the border closure took away the ability of health authorities to conduct health checks on travellers (Mackenzie 2014).

Given the measures taken by the Peul-Fouta, it is unsurprising that the feared arrival of asymptomatic hordes of EVD-contaminated people in Senegal from Guinea did not come to pass.

Beyond Senegal and the Mano River Basin EVD outbreak

The construction of the Peul-Fouta as epidemiologically dangerous resembled similar processes across the world during the 2013–2016 EVD epidemic. Public health concerns provided an outlet for rabid anti-immigrant sentiments. A group of Italian doctors wrote a letter to the Italian authorities describing African migrants as EVD "Trojan horses" (Laccino 2014a). In Rome, a woman from Guinea was attacked on a bus by people who accused her of spreading EVD (Laccino 2014b). In Dallas, Texas, where a Liberian fell sick with EVD and infected the caregivers, people called for all Liberian migrants to return "home" (Smith 2014). A Senegalese boy in New York was beaten by schoolmates who accused him of spreading Ebola (Nwoye 2014).

28 Interview with a Senegalo-Guinean in Pikine, Dakar, 25 February 2016.

29 Interviews with Senegalo-Guineans in Medina Gounass, Guediawaye, Dakar, 24 March 2016; in Thiaroye Gare, Dakar, 26 March 2016; and in Guediawaye, Dakar, 28 March 2016.

30 Interviews with Senegalo-Guineans in Pikine Lansar, Dakar, 23 March 2016 and in Mousdaliga, Pikine, Dakar, 14 March 2016.

The demonisation of migrant populations as epidemic dangers has a rich and troubled history that goes beyond the 2014 EVD outbreak. The outbreak of the SARS virus was the occasion for the stigmatisation and vilification of Chinese migrants and members of the Chinese diaspora in New York's Chinatown (Eichelberger 2007). The avian flu, MERS, and HIV outbreaks were all occasions for such boundary making. In the United States, the entry of migrants has historically been the occasion for multiple health checks to keep out dangerous foreigners (Crawford 1994; Bashford 2002; Harper and Raman 2008; White 2010; Mason 2012; Gilles et al 2013). These checks have over time included tests for sexually transmitted diseases, parasitic infections, mental illnesses, and physical disabilities (Markel and Stern 2002).

The view of migrants as epidemic dangers ties in with their portrayal as people fuelling wars, destroying the environment, depriving locals of jobs, and eroding the morals of host communities (Whitaker 2002; Salehyan 2008; Onoma 2013).

Conclusion

This article exposes temporal continuities in social life by revealing how reactions in Senegal to the EVD outbreak were shaped by histories of inter-communal contestation over rights, privileges, and responsibilities. It also reveals continuities across "sectors" by showing how what happened in the health "sector" was influenced by wider social interactions. Epidemics are constituted by broader social realities and can only be understood when looked at against these wider processes. The tendency to look at contagious epidemics as temporarily bounded medical phenomena, which is encouraged by the trauma that they cause, has to be resisted.

Detailed work on the reactions of the Peul-Fouta community to the EVD crisis demonstrates how age-old stereotypes about certain populations obfuscate the evolution of epidemics. Migrant communities are sometimes even more concerned about the dangers of epidemics than "autochthonous" populations. Further, the measures they take can sometimes conform more with the recommendations of public health agencies than those taken by local populations.

There are a few policy implications that flow from this work. First, the concentration of funds and human resources on "dangerous" migrant populations during epidemics diverts valuable resources from more important uses. These groups are sometimes no more deserving of policing during these epidemics than the general populace. Second, the preoccupation of migrant communities whose places of origin are badly affected

by contagious epidemics with epidemic control and prevention make them natural allies of public health officials. State and non-state public health officials should support these groups' epidemic control and prevention measures. Such support could include the provision of materials for epidemic control.

Officials should also seek the help of these groups to discourage unnecessary movement and monitor the health of those who do move during epidemics. Migrants who host people from their places of origin enjoy significant influence over these guests. This makes migrants particularly efficacious at influencing the decisions of people from their home areas concerning travel and the seeking of medical attention during trips. Messages sent out by these migrants will be far more effective than general messages put out by state and non-state officials. By playing the role of hosts, migrants also acquire significant information on visiting guests that can be useful to epidemic control and prevention officials (Onoma 2016).

The possibility of such collaboration hinges significantly on trust between migrant communities and health officials. These relations of trust are often determined by long histories of state–society relations that go well beyond the health sector and the epidemic being countered. Given their roots in violent and highly exploitative colonial regimes, African states do not always enjoy the trust of their societies. This tinges how people relate with state officials and non-state officials, who may be deemed to be collaborating with the state. This lack of trust was highlighted as one of the main impediments to effective epidemic control and prevention during the EVD outbreak in the Mano River Basin (Onoma 2016). This means that modes of governance and interactions with society that increase the legitimacy of the state will over the long run be beneficial for epidemic control and prevention.

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Wie Risikogruppen gemacht werden: die "Peul-Fouta" und die Angst vor Ebola im Senegal

Zusammenfassung: Um Epidemien einzudämmen, werden vielfach einzelne soziale Gruppen als "Risikogruppe" definiert. Ihnen wird ein hohes Gefährdungspotential zugeschrieben, zur weiteren Verbreitung der Infektion in der Bevölkerung beizutragen. Potentielle Kontakte von Migranten zu Erkrankten in ihrer Herkunftsregion, die von der Infektion stark betroffen ist, scheinen deren Bewertung als Infektionsrisiko für die Bevölkerung am Wohnort zu rechtfertigen. Doch der Definition sozialer Gruppen als Gesundheitsrisiko liegen immer andere, schon lange existierende Narrative über die betreffende Bevölkerungsgruppe zugrunde. In diesen Narrativen unterscheiden sich die Mitglieder der Gruppe erheblich von der Gesellschaft insgesamt und werden in vielfältiger Weise stigmatisiert. Die Lage der aus Guinea stammenden Peul im Senegal auf dem Höhepunkt des Ebola-Ausbruchs im Mano River Basin wirft ein Licht auf solche soziogenetischen Prozesse und ihre Implikationen für die Kontrolle und Prävention von Epidemien.

Schlagwörter: Senegal, Einwanderung/Einwanderer, Peul, Soziale Diskriminierung, Fremdenfeindlichkeit, Ebola-Virus