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Myths, Risks, and Ignorance: Western Media and Health Experts'
Representations of Cultures in Ebola-Affected West African Communities

A thesis

presented to

the faculty of the School of Continuing Studies and Academic Outreach

East Tennessee State University

In partial fulfillment

of the requirements for the degree

Master of Art in Liberal Studies

by

Samson Z. Wonnah

May 2018

Dr. Jill LeRoy-Frazier, Chair

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Keywords: Culture, Biomedicine, Media, Ebola, Narrative, Representation, Content Analysis

ABSTRACT

Myths, Risks, and Ignorance: Western Media and Health Experts'
Representation of Culture in Ebola-Affected West African Communities

by

Samson Z. Wonnah

The 2014 Ebola outbreak, mostly affecting Liberia, Sierra Leone, and Guinea, is the largest ever recorded. The Ebola response encountered resistance in some affected communities, where some residents accused relief agencies from the Global North of denigrating local cultures. This thesis examines mainstream Western media and health experts' representation of culture in the Ebola-affected region and employed Foucauldian analysis of discursive power to discuss the impact of such a representation on the concerned communities. Through a content analysis of selected journal and news articles by Western scholars and media and official reports by some relief agencies involved with the Ebola response, the study discovers evidence of culture bias. There was a use of significantly negative words in describing aspects of culture in the Ebola-affected region. Western media and health experts also largely associated the epidemic with African "backwardness."

DEDICATION

To my mom, a single mother, who amidst a prolonged ill health and limited financial resources, struggled and brought her only child to the verge of manhood, but could not live to benefit from him. In these pages I reciprocate your endless love and generosity.

ACKNOWLEDGEMENTS

I would like to express how sincerely grateful I am for the extensive support and guidance I received from my thesis committee. My chair, Dr. Jill LeRoy-Frazier, especially played a vital role in securing crucial funding that kept me enrolled while completing this thesis. Also, both Dr. LeRoy-Frazier and Dr. Marie Tedesco have been an endless source of guidance not only during the writing of this thesis, but throughout the course of my graduate study. Their attention to details has increased my urge for excellence and their encouragement has inspired my future academic pursuit. The other member of my committee, Dr. Jamie Branam Brown, provided invaluable insights that shaped this thesis. Indeed, completing this work would not have been possible without the selfless efforts and influence of these brilliant scholars.

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CHAPTER 1

INTRODUCTION

The 2014 Ebola virus disease (EVD) outbreak in West Africa was the largest since the discovery of the first cases of the virus in Sudan and the Democratic Republic of Congo (DRC) in 1976.¹ From its onset in Guinea in December 2013 to September 3, 2015, when the World Health Organization (WHO) finally declared the region free of Ebola, the epidemic had infected 28,103 people and claimed 11,290 lives in the three most affected countries: Liberia, Sierra Leone, and Guinea.²

For many residents in the Ebola-affected region, Ebola was not only a threat to their lives, but also an assault on their culture and value systems. This belief echoes in President Ellen Johnson-Sirleaf's July 2014 televised address, in which the Liberian leader announced a wide range of new measures to consolidate her country's effort at combating the disease. In ending the address, Sirleaf lamented, "No doubt, the Ebola virus is a national health problem. And as we have also begun to see, it attacks our way of life, with serious economic and social consequences."³

There was, however, a general sense of frustration among residents in many Ebola-affected communities over Westerners' apparent lack of understanding that Ebola was a threat to

¹ Folashade B. Augusto, Miranda I. Teboh-Ewungkem, and Abba B. Gumel, "Mathematical Assessment of the Effect of Traditional Beliefs and Customs on the Transmission Dynamics of the 2014 Ebola Outbreaks," *BMC Medicine* 13 (2015): 96, accessed July 15, <https://bmcmmedicine.biomedcentral.com/articles/10.1186/s12916-015-0318-3>.

² Tolbert G. Nyenswah et al, "Ebola and its Control in Liberia," *Emergent Infectious Diseases* 22, no. 2 (2016): 169, accessed September 22, 2017, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4734504/>.

³ Aljazeera, "Ebola Forces Liberia to Shut Border Crossing," July 24, 2014, accessed August 10, 2017 <http://www.aljazeera.com/news/africa/2014/07/ebola-forces-liberia-shut-border-crossings-20147280565867953.html>. In this news article, *Aljazeera* quoted President Sirleaf as lamenting that the Ebola virus was an attack on Liberian ways of life.

their way of life. A few humanitarian agencies from the Global North were instrumental in the Ebola response and stories about the deadly disease made headlines in Western media. But in many areas in the Ebola-affected region, there was a widespread view that in their handling of the crisis, the relief workers from the Global North and Western media shifted emphasis away from the threat of Ebola as a disease toward denigrating cultures in the affected communities, rather intensifying the cultural onslaught.⁴ Several observers have described how the Ebola response witnessed the castigation of local beliefs and practices around illness and death and the outright marginalization of traditional healers.⁵

These concerns appeared not only in commentaries and opinions by some African scholars; they also manifested in the form of practical opposition to the crisis response by residents in some Ebola-affected communities. Often throughout the epidemic, fears and uncertainties intensified in the Ebola-affected region as reports circulated frequently that Ebola was a Western conspiracy, designed either to test a new vaccine or to coerce Africans to conform to certain Western values (e.g., to discourage bushmeat consumption).⁶ For example, in one report published in the *Daily Observer*, Liberia's leading daily, a Liberian scientist and faculty member at Delaware State University, Dr. Cyril Broderick, bluntly accused the U.S. of funding Ebola trials on human beings in Africa. In the report, which also attracted commentary from the

⁴ See Indrias G. Kassaye, "Traditional Healers—Friends or Foes in the Fight Against Ebola," *Insider*, September 28, 2015, accessed September 23, 2017, <https://blogs.unicef.org/blog/traditional-healers-friends-or-foes-in-the-fight-against-ebola/>.

⁵ See, for example, Manguvo, Angellar and Benford Mafuvadze, "The Impact of Traditional and Religious Practices on the Spread of Ebola in West Africa: Time for Strategic Shift." *Pan African Medical Journal* 22 (1): 9, accessed January 2017, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4709130/>.

⁶ Chad Mccordic, "Ebola Frontline: Belief in 'Ebola Hoax' Causes Unrest in Liberia and Sierra Leone," *Newsweek*, August 18, 2014, accessed July 11, 2017, <http://www.newsweek.com/ebola-frontline-belief-ebola-hoax-causes-unrest-liberia-and-sierra-leone-265330>.

Washington Post and the *New York Times*, Dr. Broderick said that Ebola constituted “bioterrorism,” similar to what the U.S. did with a syphilis experiment in Guatemala.⁷ Several scholarly and media accounts indicate that between 1946 and 1948, U.S. government medical researchers intentionally infected hundreds of people in Guatemala, including institutionalized mental patients, with gonorrhea and syphilis without their knowledge or permission, in order to conduct blood tests on the infected and develop more understanding of the diseases.⁸ Thus, as James Fairhead notes, with such reports being spread during the West African Ebola crisis, many of the measures prescribed in the preventive efforts widely came under attack in several communities because residents saw them both as surreptitious and as harmful to their cultures.⁹

As a native of Liberia, the hardest-hit of the three principal Ebola-ravaged countries, I experienced first-hand these expressions of opposition, distrust, and anti-Western sentiment, especially in rural communities and among indigenous populations in Liberia, when I briefly volunteered with the Ebola intervention as a health promoter in late 2014. I became concerned. My interest in researching the subject, however, developed over the past two years during the

⁷ The original article by the *Daily Observer* is no longer accessible on the newspaper’s website, but commentaries on the report are available on the *Washington Post* and *New York Times*’ websites. See the details below: The *Washington Post*, “A Professor in U.S. is Telling Liberians that the Defense Department ‘Manufactured’ Ebola,” September 26, 2014, accessed May 10, 2017, https://www.washingtonpost.com/news/morning-mix/wp/2014/09/26/an-american-professor-is-telling-liberians-that-the-u-s-manufactured-ebola-outbreak/?utm_term=.055d08a0511b; *New York Times*, “Ebola Conspiracy Theory,” October 18, 2014, accessed May 10, 2017, <https://www.nytimes.com/2014/10/19/sunday-review/the-ebola-conspiracy-theories.html>.

⁸ See Robert Bazell, “U.S. Apologizes for Guatemala STD Experiment,” *NBC News*, October 1, 2010, accessed November 23, 2017, http://www.nbcnews.com/id/39456324/ns/health-sexual_health/t/us-apologizes-guatemala-std-experiments/#.WqB8ax3wYdU and Michael A. Rodriguez and Robert Garcia, “First, Do No Harm: The US Sexually Transmitted Disease Experiments in Guatemala,” *American Journal of Public Health* 103, no. 12 (2013): 2122-2126, accessed March 7, 2018, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3828982/>.

⁹ James Fairhead, “Understanding Social Resistance to Ebola Response in the Forest Region of the Republic of Guinea: An Anthropological Perspective,” *African Studies Review* 59, no. 3 (2016): 7-8, accessed July 11, 2017, <http://sro.sussex.ac.uk/60074/>.

course of my graduate study, especially when I became exposed to perspectives by notable health scholars such as Dwight Conquergood and Collins O. Airhihenbuwa.

An American ethnographer and performance expert, Conquergood focuses on studying the impact of culture on health and designing strategies for effective cross-cultural health interventions. Throughout his ground-breaking research among indigenous societies, he identifies and cautions against ethnocentrism in Western health practices. Ethnocentrism is a popular concept in cultural anthropology, and refers to the act of evaluating other cultures according to preconceptions originating in the standards and customs of one's own culture or the belief that one's own culture can be regarded as a universal standard.¹⁰ Conquergood observes inequalities, inherent biases, and "othering" in Western health practices, and blames these for the failure of many Western health interventions in alien cultural environments.¹¹ He encourages a "dialogical" approach for an effective trans-cultural health intervention, by which he means that such an intervention should promote tolerance and cross-cultural learning between both the interventionists and the intervention communities.¹²

Airhihenbuwa expands on Conquergood's claims and contends that existing inequalities in the healthcare system largely are a result of the very biased nature of current health promotions frameworks. He argues that public health's sole reliance on a fundamentally science-driven and Eurocentric paradigm helps to promote prejudice in health promotion. Airhihenbuwa's teachings and research have focused on the urgent need to deconstruct hegemonic structures and

¹⁰ Marc Hooghe, "Ethnocentrism," *International Encyclopedia of the Social Sciences* (2008): 1, accessed on September 30, 2017, <https://lirias.kuleuven.be/bitstream/123456789/286309/1>.

¹¹ "Health Theatre in a Hmong Refugee Camp: Performance, Communication, and Culture," *TDR* 32, no. 3 (1998): 179, accessed February 28, 2017, <https://www.jstor.org/stable/1145914>.

¹² *Ibid.*, 182.

cultural biases in the public health profession. In a provocative volume published in 1995, titled *Health and Culture: Beyond the Western Paradigm*, Airhihenbuwa decries public health practitioners' continuous privileging of Western culture over those of other societies. He charges that current health promotion strategies employ an authoritarian and classroom-oriented model that assumes health professionals are the "teachers" and members of the intervention communities are the "students."¹³ His works largely reflect valuable practical lessons and insights drawn from his experiences with public health campaigns in remote societies.

Together, the above-mentioned experiences and theoretical orientation provided me with the impetus to investigate Western perceptions of African culture in the time of Ebola. Using content analysis, this thesis examines representation of cultures in the Ebola-affected region by Western health professionals and mainstream Western media, with a focus on Liberia. This thesis examines the contents of selected Ebola writings by Western scholars; official reports by Western healthcare organizations that provided Ebola response; and news stories and opinion pieces by selected media outlets from the Global North that provided coverage of the epidemic. By investigating a representative sample of Ebola accounts by Westerners, this thesis seeks to examine the claims that Western media and health professionals denigrated culture in the Ebola-affected region.

The following questions guided the research:

- 1) How do mainstream Western media and health professionals typically represent traditional beliefs and customs among populations in the Ebola-affected region?

¹³ *Health and Culture: Beyond the Western Paradigm* (St Louis: SAGE Publication, 1995), ix-xvi.

- 2) What were the common terms and phrases those media institutions and health experts used when describing culture in the intervention communities, and what connotations do such words and phrases carry?
- 3) If there are discrepancies in how Africans from Ebola-affected populations conceive and interpret their own cultures and traditions and how Western media and health professionals represent these belief systems, what are the bases of such discrepancies?

Several narrative researchers have established that narratives produce meanings that carry the potential for shaping individuals and societies.¹⁴ French philosopher Michel Foucault's work on discourse and power is perhaps the best-known scholarship on this subject. As part of his radical theorization of power as a socially diffused and ubiquitously prevalent entity, rather than as one that concentrates and resides in a few people (particularly as was popular in Medieval Europe), Foucault recognizes discourse as a form of power. He notices that narratives have the effect of producing meanings that influence how individuals view themselves and the society in which they live. In other words, people develop their sense of identity through exposure to the dominant narratives that exist within society, narratives which themselves are subjective and are formed by those members of society who sit in positions of influence.¹⁵

This thesis draws upon Foucauldian philosophy on discursive power to underscore the effects that Western media and Western health professionals' narration of the Ebola situation

¹⁴ See, for example, Karyn Stapleton and John Wilson, "Telling the Story: Meaning Making in Community Narrative," *Journal of Pragmatics* 108, (2017): 60-4, accessed August 12, 2017, <https://www.sciencedirect.com/science/article/pii/S0378216616306233>; and Michael Bamberg, Anna De Fina, and Deborah Schiffrin, "Discourse and Identity Construction," in *Handbook of Identity Theory and Research*, ed. Schwartz and Lucy K., and Vignoles V. (New York: Springer, 2011), 12-16.

¹⁵ See *Discipline and Punish: The Birth of the Prison* (New York: Pantheon Books, 1977), 214-18 and *The History of Sexuality: An Introduction* (Hammonsworth: Penguin, 1978), 100-101.

may have on Ebola-infected populations. The study examines the nature of health education during the 2014 Ebola epidemic in West Africa and how such education may have influenced the identity and experiences of the society affected by Ebola. To this end, the following additional questions were useful during the research:

- 1) How have the ways Western health professionals and mainstream Western media portrayed cultures in Ebola-affected communities impacted the overall cultural and social landscape in those societies?
- 2) Which aspects of cultures in the Ebola-affected region have been impacted or are at risk of alteration as a result of Western influence during the Ebola period, and why are these aspects of indigenous culture most at risk?

This thesis serves two major purposes. First, it contributes to ongoing conversation about a culturally sensitive public health approach.¹⁶ Given the significant disparities in the global health landscape, with countries in the Global South facing severe affliction from an alarmingly high disease burden,¹⁷ adapting a culturally-sensitive public health model is crucial for effectively addressing the pressing needs in those disadvantaged populations. This paper uniquely contributes to that discussion by presenting valuable insights and crucial evidence from a major public health crisis. Such a culturally sensitive health approach should draw especially from the concept of “cultural humility.” Cultural humility is a construct that underscores a

¹⁶ Multiple research findings have established a link between culture and health, increasing calls over the last three decades to adopt a culture-centered approach to health. See for example Airhihenbuwa, *Health and Culture*, 98-102 and Racquel Richardson Ingram, “Using Capinha-Bacote’s Process of Cultural Competence Model to Examine the Relationship Between Health Literacy and Cultural Competency,” *Journal of Advanced Nursing* 68, no. 3 (2011): 697-8, accessed September 30, 2017, <http://onlinelibrary.wiley.com/doi/10.1111/j.1365-2648.2011.05822.x/epdf>.

¹⁷ World Health Organization, “World Conference on Social Determinants of Health,” accessed November 23, 2017, <http://www.who.int/sdhconference/background/news/facts/en/>.

process-orientated approach to understanding culture in health promotion. The concept developed particularly in the nursing field within the last decade, as a supplement to the concept of “cultural competency,” which became popular in cross-cultural health discourse beginning in the 1970s.¹⁸ Cultural humility developed from concerns among health scholars about the application and usefulness of cultural competency. Cultural competency suggests that the health care professional has prior understanding of the patient’s culture before engaging with the person, but cultural humility stresses the importance of incorporating the patient’s views in the interpretation of culture.¹⁹ Cultural humility seeks to reduce the power imbalance and cultural bias in the healthcare system by emphasizing that the health care professionals be open, self-aware, egoless, and supportive to the patient, as well as engage in self-reflection and critique in serving the patient.²⁰

Second, this thesis also continues the debate on cultural preservation. Recently, the United Nations and other global actors have embarked upon various initiatives designed to preserve and develop indigenous cultures.²¹ Intensifying efforts and discussion on cultural preservation is particularly crucial in an era in which cultural studies scholars have cautioned that

¹⁸ Cynthia Foronda, Diana-Lyn Baptiste, Maren M. Reinholdt, and Kevin Ousman, “Cultural Humility: A Concept Analysis,” *Journal of Transcultural Nursing* 27, no. 3 (2016): 210, accessed March 26, 2018, <http://journals.sagepub.com/doi/abs/10.1177/1043659615592677>.

¹⁹ Mary Isaacson, “Clarifying Concepts: Cultural Humility or Competency,” *Journal of Professional Nursing* 30, no. 3 (2014): 252, accessed November 24, 2017, <https://www.ncbi.nlm.nih.gov/pubmed/24939335>.

²⁰ Foronda, Baptiste, Reinholdt, and Ousman, 211.

²¹ The UN’s commitment to preserving indigenous cultures began with the establishment of the UN Organization for Education, Science, and Culture (UNESCO), founded in 1945. UNESCO seeks to promote global culture development primarily by promoting cultural institutions and identifying and protecting important historical sites and cultural artifacts. For additional information, see UNESCO website <http://www.unesco.org/new/en/unesco/about-us/>.

indigenous cultures, more than ever before, are faced with the threat of extinction from the forces of globalization.²² Current discussions of cultural sustainability, unfortunately, have been narrowed to a selected few of these structural forces, including the impact of global trade, wars, natural disasters, the growth and effects of technology, and the rise in immigration forced by war and natural disaster.²³ But the threats confronting indigenous cultures are enormous and extend beyond those mentioned. This thesis contributes to expanding the discussion by offering perspectives that lay at the intersection of health and culture.

Theoretical Framework

Foucault and the Concept of Discursive Power

As mentioned above, this thesis draws upon Foucauldian analysis of discursive power to explore the discursive effects of Ebola narratives on the Ebola-affected populations. Arguably, Foucault's groundbreaking philosophical work on power, knowledge, and discourse is the most outstanding on the subject and has served as invaluable theoretical inspiration for scholarship in many disciplines, including those in the natural and social sciences and the humanities.²⁴ A major contributor to postmodern thought, the Frenchman developed a markedly rare view of power that challenged the status quo. In contrast to popular understanding, especially as common

²² UN, "Culture," accessed October 21, 2017, <https://www.un.org/development/desa/indigenouspeoples/mandated-areas1/culture.html>. In this blog, the UN Division for Social Policy and Development of Indigenous People highlights the threats facing indigenous cultures.

²³ Elias O. Wahab, Saheed Odunsi, and Lanre Ajiboye, "Causes and Consequences of Rapid Erosion of Cultural Values in a Traditional African Society," *Journal of Anthropology* 2012, (2012): 54-57, accessed July 15, 2017, <http://www.oalib.com/paper/52524#.WnZoc7ynEdU>.

²⁴ See for example, Victor Pitsoe and MoeKetsi Letseka, "Foucault's Discourse and Power: Implications for Instructionist Classroom Management," *Open Journal of Philosophy* 3, no. 1 (2013): 23-8, accessed September 8, 2017, <http://citeseerx.ist.psu.edu/viewdoc/download?doi=10.1.1.476.1603&rep=rep1&type=pdf> and Tim Richardson, "Foucauldian Discourse: Power and Truth in Urban and Regional Policy Making," *European Planning Studies* 4, no. 3 (1996): 297-92, accessed September 22, 2017, <http://www.tandfonline.com/doi/abs/10.1080/09654319608720346>;

during the Enlightenment, that power resides in the sovereign few (e.g., feudal lords and monarchs of the 17th century), Foucault argues that power rather is a diffused entity, pervasive in the social structure.²⁵

In *Discipline and Punish: The Birth of the Prison*, perhaps his best-known work, Foucault charts the transition to understanding of the exercise of power from being physically-driven, such as flogging, solitary confinement, and other forms of coercion meted out by the sovereign, to a more socialized process of “normalization,” such as surveillance. The latter, Foucault suggests, is encapsulated by Bentham’s Panopticon, a century-century prison building in which prison cells were arranged around a central watchtower from which the supervisor could watch inmates. Foucault observes that similar to the function of the 19th century penal and prison systems, the larger social system enacts power by imposing surveillance as a means of punishing, qualifying, and classifying individuals.²⁶

The concept of “discourse” originates from the Latin “discursus,” which literally translates as “running to and fro.” Common reference to discourse indicates “written or spoken communication.” The concept, however, has developed a fluid identity, with its meaning subtly differing from one field to the other. For example, most literatures in the field of language studies define discourse as the speech pattern and usage of language, dialects, and acceptable statements within a community. Psychologists view discourse as the “mirror” for people’s expressions of thoughts, intentions, and motives. Sociologists and philosophers tend to use the term “discourse” to refer to the meanings produced by conversations in specific social contexts.²⁷

²⁵ *Discipline and Punish*, 170-174.

²⁶ *Ibid.*, 217-218.

²⁷ Pitsoe and Letseka, 24.

For Foucault, discourse includes the production and perpetuation of knowledge and cultural meaning, especially in such ways that have the effect of altering or creating an individual's identity. Foucault contends that the individual is socially embodied. It is through discourse that individuals come to define and organize both themselves and their social world. In *Ethics: Subjectivity and Truth*, a collection of edited essays on Foucault's work, Paul Rabinow quotes Foucault as describing discourse as "the 'techniques of the self,' ... the procedures, which no doubt exist in every civilization, suggested or prescribed to individuals in order to determine their identity, maintain it, or transform it in terms of a certain number of ends, through relations of self-mastery or self-knowledge."²⁸ According to Foucault, discursive practices are intricate and have involuntary, multi-dimensional impact on the individual. As long as one continuously interacts with specific discourses, one embodies, lives, and experiences such discourses.²⁹ By this Foucault means that when frequently exposed to particular narratives in society, one soon begins to internalize those dominant narratives and view oneself in light of those discourses.

Foucault claims that discourses are ways of constituting knowledge, social practices, forms of subjectivity, and power relations. He coins the term "discursive power" to refer to expert knowledge and the practice of its dissemination. He maintains that power and knowledge are intertwined; they function together to produce a combined effect. It is the powerful in the society, those with control over resources (e.g., control over knowledge and the means of communication) such as the experts, who play an important role in the production and

²⁸ Michel Foucault, *Discipline and Punish*, 270-272, quoted in Paul Rabinow, *Ethics: Subjectivity and Truth* (New York: The New Press, 1944), 87.

²⁹ Foucault, *Discipline and Punish*, 217-222.

perpetuation of discourses. Speaking of how knowledge is an apparatus of power and how its dissemination can affect the individual's identity, Foucault writes,

Our society is one not of spectacle, but of surveillance; under the surface of images, one invests bodies in depth, behind the great abstraction of exchange, there continues the meticulous, concrete training of useful forces; the circuits of communication are the supports of an accumulation and a centralization of knowledge; the play of signs defines the anchorages of power; it is not that the beautiful totality of the individual is amputated, repressed, altered by our social order, it is rather that the individual is carefully fabricated in it, according to the whole technique of forces and bodies.³⁰

Foucault contends that expert knowledge can be an instrument of oppression of other forms of knowledge, notably local and traditional knowledges. He claims that in any society, different forms of knowledge are in antagonistic relationships in which, often, the expert knowledge suppresses and marginalizes alternative forms of knowledge and discourses. The ways of knowing in a society are dictated by the experts. It is the experts who control the organization of knowledge in the society, often through the formulation of a knowledge hierarchy and the exclusion of other forms of knowledge from what is deemed valid.³¹ What the experts regard as worthy of knowing is what prevails and becomes elevated and disseminated as a societal regime of truth. Truth, therefore, Foucault contends, is subjective.³² According to Foucault, control of knowledge is oppression. Foucault's analysis enlightens the discussion of the relationship between biomedicine and traditional medicine, with the former as the dominant form of knowledge in the healthcare system, and the latter, as the suppressed knowledge. His analysis is key to understanding the effects of the constant marginalization of traditional medicine and traditional knowledge structures in the healthcare system.

³⁰ *Discipline and Punish*, 217.

³¹ *The History of Sexuality*, 101.

³² *Discipline and Punish*, 214-15.

Even more specific to the current focus on a public health crisis, Foucault extends his analysis of the pervasive, contemporary network of power to the practice of medicine, where he observes that the system uses various techniques of power to subjugate the human body. In his *History of Sexuality*, Foucault coins the term “biopower” to describe how the medical field uses “multiple technologies of power,” namely discipline and technology, to repress people.³³ Biopower, according to Foucault, is literally having power over the body. Focusing on sexuality and sexual discourses, Foucault explains that there are essentially two contrasting ways in which an individual may be subjugated to the exercise of power in respect to sexuality. In the first case, medical professionals have a way of subjugating people to become passive subjects of medical studies. In the second scenario, one becomes actively involved by confessing his/her sexual proclivities, and thus inherits that identity through repressive discourses of sexuality. Health discourses, therefore, have a way of forming and altering people’s identities.³⁴

Foucault’s work on discourse and power provides a suitable framework for investigating Ebola narratives by Western media and health practitioners. The concept is particularly adaptable to the context of Western-produced Ebola narratives because the key elements focused on, power and knowledge dominance, are also visible in the Ebola situation. Biomedicine, as Airhihenbuwa notes, has succeeded in its domination of the global health arena, having marginalized other systems of healthcare.³⁵ Hence, the Western relief agencies and health experts that spearheaded the Ebola response, which operated with the biomedical framework, as well as scholars writing on the epidemic, undeniably occupied a position of control. This “control” of knowledge

³³ Foucault, *The History of Sexuality*, 140.

³⁴ *Ibid.*, 140-142.

³⁵ Airhihenbuwa, 48-50.

provides insights into the power dynamics involved in the Ebola response, especially given that the intervention took place in a cultural context in which, as Angellar Manguvo and Benford Mafuvadze note, many traditional beliefs and customs disagree with the assumptions and principles of modern science and the Westernized medical model of health.³⁶ Also, considering that the three countries involved are developing countries, ranked consistently in the lowest quantile of the Human Development Index (HDI) in the last decade,³⁷ there was an unquestionable power imbalance between the international aid agencies that provided the Ebola response and residents in those indigenous communities affected by Ebola, who became recipients of aid. The same privileged position is true for the powerful, adequately-resourced, and wide-reaching Western media institutions that covered the Ebola crisis. Drawing upon Foucault's concept, this thesis examines the intersection of power, knowledge, and culture in the Ebola situation, with specific attention to how those Western health professionals, scholars, and media institutions regarded cultures in the outbreak region.

Limitation of the Study

This thesis could have benefited more from a field-based research method. Such an approach, preferably an ethnographic study, would have allowed a close engagement with and thorough examination of some of the indigenous populations whose culture is the focus of this study. A field-based approach also would have provided profound insights into the cultural elements considered as well as given a voice to members of the studied population by granting

³⁶ Angellar Manguvo and Benford Mafuvadze, "The Impact of Traditional and Religious Practices on the Spread of Ebola in West Africa: Time for Strategic Shift." *Pan African Medical Journal* 22, no.1 (2015): 9, accessed June 24, 2017, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4709130/>.

³⁷ The Human Development Index (HDI) is a composite statistic of life expectancy, education, and per capita income indicators, which are used to rank countries into four tiers of human development. In 2016, out of 188 countries, Liberia ranks 177, Sierra Leone, 179, and Guinea, 183). See UNDP, *Human Development Index Report (2016)*, accessed March 30, 2018, <http://hdr.undp.org/en/composite/trends>.

them the opportunity to provide in-depth, local interpretations of their cultures and their encounter with the Ebola epidemic. This in turn, would have made it possible to effectively gauge the impact of the hegemonic Ebola response and the associated health education on the affected population.

The use of that method, of course, was fundamental to my strategies during the initial design of this study. Originally, I had planned to undertake a field study in Liberia and ideally conduct some form of semi-structured interviews or focus group discussions that aimed to explore the Ebola experience of a sample element of the Lorma and Kissi ethnic groups in the northern part of the country. The Lorma and Kissi belong to an indigenous society with unique cultural practices that possibly had implications for the Ebola response in the country. Several resource constraints (e.g., financial and travel logistics), however, prevented the trip. Nevertheless, my goal is to expand on this study in the future, as a PhD dissertation, when I can collect more practical data, incorporate the lived experience of the populations, and systematically evaluate how the Ebola-related narratives have impacted them.

Another limitation of this study is one that is typical of content analysis. Content analysis often involves liberal attempts to draw meaningful inferences about the relationships and impacts implied in a text.³⁸ With this study, although the meanings embodied in most of the narratives from the texts examined were explicit, in some cases where meanings were not as clear, I had to make interpretations based on my understanding, and this may have implications for objectivity.

³⁸ Hsiu-Fang Hsieh and Sarah E. Shannon, "Three Approaches to Qualitative Content Analysis," *Qualitative Health Research* 15, no. 9 (2005):1278, accessed August 12, 2017, <https://www.ncbi.nlm.nih.gov/pubmed/16204405>.

Thesis Structure

This thesis has five major chapters. Chapter One provides a brief introduction that highlights the necessity of studying Ebola narratives, particularly the ways in which Western health professionals and mainstream Western media have come to represent culture in Ebola-affected populations. This section also outlines the most important questions that guided the research. In addition to presenting the research problems and questions and the overall purpose of the study, the introductory section offers relevant contextual information that established the basis for subsequent discussions. Key among this background information is an overview of social lifestyle and customs and traditions of Liberia, which is crucial for understanding the nature of resistance toward the 2014 Ebola interventions in the country. The chapter also includes a synopsis of Foucauldian analysis of discursive power and its application to health education and awareness during the 2014 Ebola response. This also provides the foundation for discussing the effects of Ebola narratives on communities ravaged by the epidemic.

Chapter Two consists of a review of the literature relevant to the study. The literature review covers existing conversations about the social production of knowledge and media's influence in narrative development. This includes discussion of a few media effect theories (e.g., agenda setting and framing) and the nature of media-expert collaboration in disseminating information, especially in a time of health crisis. The review also comprises a condensed analysis of how Western media have represented the African Continent over time. Analyzing ongoing media representation of Africa offers a useful lens through which the discussion of the media's Ebola narratives takes place. Given the study's focus on the cultural ramifications of a public health intervention, the literature review also extends to a discussion of the distinctive assumptions of both the biomedical and traditional models of health systems and the nature of

the dominance of the former model. The chapter ends with a brief description of the epidemiological and cultural implications of Ebola, and what these mean particularly in the West African context.

Consistent with research tradition, the methodology section of this thesis (Chapter Three) encompasses a description of the research design and methods. This section provides a brief description of content analysis as well as the justifications for its use in this study. The methodology section also outlines and describes the different categories of data sources and their respective usefulness to the study, as well as the data collection and analysis processes.

Chapter Four contains the research findings from examining the selected sources, including journal and newspaper articles and official reports, and what the trends in those findings indicate. This chapter begins with a tabular presentation of the thirty most frequently used words in the texts examined. The data shows a significant use of negative and demeaning words by media and experts to describe culture in the Ebola-affected communities. This section also includes a brief description of the major themes derived from the coding of data. Generally, media and experts tended to blame the people in the Ebola-affected region for contributing to the spread of the disease through “risky” cultural practices. In other words, some cultural practices in the Ebola-affected region were represented as risk factors of Ebola transmission. Three categories of themes encapsulate such a representation: myth, ignorance, and risk.

Also, an in-depth discussion of the dominant themes takes place in Chapter Four. Myth as a theme is common with narratives surrounding African concepts of illness and treatment. Media and experts generally regard local concepts of illness as mere presuppositions and delegitimize the authority of traditional healers. Similarly, in association with Ebola, the texts examined commonly invoke a presumption of African ignorance in several different ways. Most notable is

the bushmeat theory, which links Ebola transmission to bushmeat consumption, and often, such narratives convey imagery of poverty and the lack of industrialized food production means as the driving forces behind bushmeat consumption in West Africa. The media and experts' accounts examined also designated many aspects of cultures and lifestyles in the Ebola-affected region as risk factors, among them local funeral and burial practices, caregiving practices, and cross-border population movement in search of livelihood opportunities.

The thesis concludes by advancing two major recommendations. One concerns recognizing the centrality of culture in health promotion by means of formulating an effective social mobilization campaign that deploys local resources and encourages participation of the intervention population, particularly the traditional healers. This approach draws from the concept of cultural humility described above. The other recommendation is a call for resistance. There is a need to construct alternate discourses to counter the dominant discourses that continue to ill-represent minority and vulnerable populations. This is key to giving voice to those suppressed communities and bolstering their autonomy.

Background

An Anthropological Overview of Liberia

The 2014 Ebola outbreak was met with widespread opposition in the three most affected countries. This resistance derived largely from cultural concerns, because most of the preventive measures executed were inappropriate to the cultural contexts of the intervention populations.³⁹ For example, the Ebola response marginalized traditional healers, discouraged physical contact, warned locals against burying their deceased loved ones, and banned hunting and consumption

³⁹ Fairhead, 7-8.

of bushmeat.⁴⁰ These measures were problematic for a cultural context in which several communities rely on traditional healers for their health needs, funeral rites form an important part of the customs, and animal hunting is an integral part of food sourcing.

Given the significant cultural implications of Ebola intervention efforts, and because this study focuses specifically on the Liberian outbreaks, it is important to begin with an overview of the cultures of Liberia. Acquaintance with the fundamental cultural practices, beliefs, and worldview dominant within the intervention context will help promote active engagement with the rest of the discussion in this thesis and, in particular, foster an understanding of the origin and nature of the widespread opposition to international responses to the 2014 Ebola crisis. The cultures of Liberia also provide an important clue for understanding the disposition with which Western health experts and media practitioners with a commitment to Western values and modern science approached the health crisis and how this disposition is manifested in narratives both during and after the epidemic.

A few texts exist on the culture of Liberia,⁴¹ but arguably, none of that scholarship is as comprehensive and sustained as the account by the Nigerian cultural historian Ayodeji Olukoju. In a 2006 volume in a series on the cultures and customs of Africa titled *Culture and Customs of Liberia*, Olukoju crafts an impressive account of the people of Liberia, brilliantly weaving

⁴⁰ See WHO Ebola Response Roadmap (2014), accessed September 22, 2017, <http://apps.who.int/iris/bitstream/10665/131596/1/EbolaResponseRoadmap.pdf>.

⁴¹ Prior to and during the course of this research, I came across a number of works on the culture of Liberia. A few include: Santosh C. Saha, *Culture in Liberia: An Afrocentric View of the Cultural Interaction Between the Indigenous Liberians and the Americo-Liberians* (Lewiston, N.Y.: Edwin Mellon Press, 1998); Richard Fulton, "The Political Structures and Functions of Poro in Kpelle Society," *American Anthropologist* 74, no. 5 (1972): 1218-33, accessed July 21, 2017, <http://onlinelibrary.wiley.com/doi/10.1525/aa.1972.74.5.02a00140/pdf>; Nya Kwaiwon Taryor, "Religions in Liberia," *Liberia-Forum* 5, no. 8 (1989): 1-17; and Al-Hassan Conteh, "Reflections on Some Concepts of Religion and Medicine in Liberian Society," *Liberian Studies Journal* 15, no. 2 (1990): 145-57, accessed July 21, 2017, <http://www.africabib.org/rec.php?RID=084742844>.

inspiring descriptions of numerous elements of social lifestyle and customs in Liberia, including “indigenous and externally derived religious practices; literature and media; art and architectures; dress and food culture; family, gender, and marriage practices; social customs and lifestyle; and music and dance.”⁴² It is this rich scholarship that informs much of the discussion in this section. For the scope of this thesis, however, this summary is limited to the cultural components with the greatest implications for the Ebola situation, namely traditional or indigenous religions and worldviews and social customs and lifestyle (including traditional and modern socialization, social life and etiquette, and death and funeral rites).

Liberia is a deeply multi-ethnic society. The country is made up of sixteen different ethnic groups that speak more than twenty indigenous languages. English is the official language. The 2008 population and housing census puts Liberia’s population at 3.5 million.⁴³ Of this number, 95 percent constitute indigenous ethnic groups spread across the country and about two percent are Americo-Liberians and Congo people. The Congo are presumably from the Congo Basin, descendants of former captives of the slave trade who were rescued before they had been shipped across the Atlantic, while the Americo-Liberians are liberated slaves and their descendants, resettled from the United States and the Caribbean in the early 18th century.⁴⁴ The Americo-Liberians established the state of Liberia with the support of the American Colonization

⁴² *Culture and Customs of Liberia* (Westport, CT: Greenwood Press, 2006), xi.

⁴³ Liberia Institute for Statistics and Geo-Information Services, 2008 Housing and Population Census (p. 5), accessed December 22, 2017, https://www.lisgis.net/page_info.php?7d5f44532cbfc489b8db9e12e44eb820=MzQy. However, recent estimates put the population at 4.8 million. See World Population Review, accessed January 4, 2018, <http://worldpopulationreview.com/countries/liberia-population/>.

⁴⁴ From my experience as a Liberian, the distinction between the Congo people and Americo-Liberians is purely historical and exists only in writing. In present-day Liberia, the two nomenclatures are used interchangeably for the same group of people.

Society (ACS),⁴⁵ and for more than a century (1847-1980) they constituted the privileged group that dominated government and public life in the country.⁴⁶

The indigenous population consists of 16 ethnic groups, each having its own culture and traditions, although there are some commonalities in many cultural and linguistic respects. The ethnic groups include Bassa, Gio, Kpelle, Vai, Loma, Kissi, Gola, Gbandi, Dei, Krahn, Belle, Mende, Mandingo, Grebo, Mano, and Kru. The indigenous people had lived on the land long before the arrival of the settlers (who later became known as Americo-Liberians) in the early 18th century. According to archeological accounts, some of the indigenous Liberians, including the Gola, Kpelle, Loma, Gbandi, Mende, and Mano, had settled in the area by about 6000 BCE. Other tribes migrated later, around the 17th century, either from the Ivory Coast or from the north as a result of wars and the decline of ancient empires that flourished along the Niger River Basin and the northern savanna region of West Africa, notably the Songhai (ca. 1375-1591) and the Mali (ca. 1200-) empires.⁴⁷ According to Liberian historian Joseph Saye Guannu, the 16 tribes (tribes are the same as ethnic groups) of Liberia are grouped into three main categories: the Mande people in the north and far west, the Kru tribes (including the Krahn) in the east and southeast, and the Mel in the northwest.⁴⁸ This grouping not only reflects the tribes' settlement patterns, it also highlights their linguistic, cultural, and ethnic similarities. For example, the Gio

⁴⁵ The ACS came into existence in 1816 for promoting the manumission of the enslaved and the settlement of freed blacks in West Africa. The ACS in 1822 helped found a colony on the Pepper Coast of Africa that developed into the state of Liberia. See Encyclopedia Britannica, <https://www.britannica.com/topic/American-Colonization-Society>.

⁴⁶ M.B. Kpan, "Black Imperialism: Americo-Liberian Rule over the African Peoples of Liberia, 1841-1964," *Canadian Journal of African Studies* 7, no. 2 (1973): 218, accessed June 23, 2017, https://www.jstor.org/stable/483540?seq=1#page_scan_tab_contents.

⁴⁷ Olukoju, 3-4.

⁴⁸ *Liberian History Up to 1847* (London: Penguin, 1983), 11-14.

and Mano of the southern subdivision of the Mande group engage in largely similar cultural practices and have only subtle variations in their two languages. Such a parallel exists among many other ethnic groups across the country, suggesting a common origin for those displaying considerable similarities.⁴⁹

Religion and Worldviews. There is a long-held, mistaken impression that Liberia is a Christian nation. This perception, which often has dominated political debates and has incited religious tensions in the country,⁵⁰ understandably derives from the evolution of the state and the critical role that Christianity played in that process. For instance, all of the presidents of Liberia (exclusively Americo-Liberians) from independence in 1847 to the end of the First Republic⁵¹ in 1980 were Christians. The Declaration of Independence was signed in the Providence Baptist Church in Monrovia, and until its revision in 1986 during the Samuel Doe regime, the Liberian constitution indeed carried the clause that Liberia was a Christian nation. Yet, this perception is inaccurate because according to Olukoju, even the “emigrants from the United States and the Caribbean [who] were steeped in the dominant Western/Christian worldview in their countries of departure . . . also brought the Western practice of freemasonry with them.”⁵² Freemasonry

⁴⁹ Olukoju, 9.

⁵⁰ Although its revised Constitution (1986) declares Liberia a “circular” rather than a “Christian” nation, Christianity’s influence in the country has perpetuated the debate regarding separating the state from religion. In 2004, tensions that erupted during a similar debate between a group of Christian and Muslim youths in Monrovia escalated into violence and resulted in the burning of mosques and churches in many places in the city. See AllAfrica, “Liberia: Churches, Mosques in Flames,” November 1, 2004, accessed June 6, 2017, <http://allafrica.com/stories/200411010963.html>.

⁵¹ The political history of Liberia consists of three distinct periods: the first, second, and third republics. The First Republic is the period of Americo-Liberian rule from independence in 1847 up to the 1980 Coup D’état that toppled President William R. Tolbert. With the transition to civilian rule after the election of Master Sergeant Samuel K. Doe in 1985, the 1986 Constitution created the Second Republic. The Third Republic began with the election of Charles Taylor in 1997 after seven years of civil war. See Joseph Saye Guannu, *Liberian History Since 1980* (Monrovia: Star Books, 2010), 12-13.

⁵² Olukoju, 22.

consists of fraternal organizations that recognize the existence of a “Supreme Being,” which includes the gods of all religions that ever existed. In contrast to Christianity, which firmly opposes polytheism, Freemasonry, as David G. Hackett notes, is based on a liberal philosophy, and Masons (the practitioners of Freemasonry) accept the gods of all religions from Taoism to Buddhism to Islam and anything in between. The organizations do not admit women, while they also ban any discussion of politics and religion in their meetings.⁵³

More accurately, Liberia is a multi-religious society. According to the 2008 census report, the population of Liberia is 40 percent Traditionalists, 40 percent Christians, and 20 percent Muslims.⁵⁴ A large percentage of Traditionalists are members of the indigenous tribes. An important element of traditional worship is a belief in the spirit world. There are numerous kinds of spirits including ancestral spirits, various water and bush spirits, genies, spirits of the associations, and specific Poro spirits. Traditionalists and most Liberians believe that spirits are the agents of the invisible gods, and each variety of spirit has a unique role. As Olukoju describes,

Ancestral spirits are believed to protect and play mediatory roles in the affairs of their offspring and in their offspring’s dealings with the spirit world, and generally maintain an interest in their wellbeing. Bush and water spirits and genies are believed to possess humans and to be capable of transferring specialized knowledge or power to them. . . . These spirits are also believed to govern the mysterious world that exists outside of

⁵³ *That Religion in Which All Men Agree: Freemasonry in American Culture* (Berkeley: University of California Press, 2014), xii. From a personal experience, however, it is important to note that Freemasonry in Liberia is not devoid of politics. Several of the country’s political leaders, especially during the century-long rule of the Americo-Liberians, have been Masons. Also, Liberians widely believe that the Masonic Lodge, located on Benson Street in the heart of Monrovia, is where government officials often discuss the affairs of the country and make major political decisions. For most young Liberians, the key motivation for seeking admission to the Freemasonry is to broaden one’s connection and job opportunities, since people believe that the Masons have a commitment, by oath, to help one another.

⁵⁴ Liberia Institute for Statistics and Geo-Information Services, *2008 Housing and Population Census* (p. A84-A85), accessed December 22, 2017, https://www.lisgis.net/page_info.php?7d5f44532cbfc489b8db9e12e44eb820=MzQy

human control. Spirits (or totems) of the associations govern the affairs of the snake and leopard societies, which often act as the agents of the Poro.⁵⁵

Another important aspect of traditional religious practice is the Sande (for females) and Poro (for males) societies. These institutions exist in many communities under the control of the local councils and serve primarily as trusted custodians of values and culture and for educating and preparing young people for the rigor of adulthood. Initiates, usually admitted during puberty, spend time in the *zoe bush*,⁵⁶ learning basic social values and specialized skills. The teaching entails separate sessions in farming, basketry, weaving, fishing, cooking, the mysteries of herbal medicine, hunting, rules of etiquette, homemaking, and sex education.⁵⁷

Up until the early 1950s, time spent in the traditional schools was considerable, sometimes up to three years, but with the increased influence of Christianity on the society and because of the demand for Western academic education, enrollment periods for the Poro and Sande have been reduced drastically, to a few months. Graduation from these traditional schools is an elaborate ceremony characterized by weeks of celebration and dancing. Families that can afford to will slaughter cattle, which they consume in festival meals. One of the social functions of the Poro and Sande societies is to deter anti-social behavior. The Poro particularly serves as a governing body that enacts laws and prescribes rules and enforces them in several ways including by imposing fines and sometimes, given the severity of the offense, by banishing the perpetrator from the community. It is important to clarify that some Muslims and Christians are

⁵⁵ Olukoju, 24.

⁵⁶ Although it has become popular, the word *bush* is pejorative and implies attempts by early Christian missionaries and the elite Americo-Liberians to associate the traditional societies with evil and darkness. Among each of the sixteen tribes, various names exist for the meeting grounds of the traditional schools (i.e., *Sanglaye* in Gio). For details, see Olukoju, 25.

⁵⁷ Olukoju, 34, 116.

also members of the Poro and Sande societies.⁵⁸ Because of their wide acceptance within the population, these institutions play a critical role in the preservation of cultural values.

As mentioned, Christianity came to Liberia with the arrival of the settlers in the 1820s. Various Christian missions, including those of Baptists, Presbyterians, Episcopalians, and Congregationalists, established stations along the coastal area. Other denominations joined later during the 20th century. These included the Roman Catholics, Seventh-Day Adventists, and Pentecostals. The dominant Christian denomination in Liberia has been the Methodist Church, which established itself with the arrival of the first free blacks on January 7, 1822.⁵⁹ Initially, these churches focused on the Congo settlements along the coast. However, beginning with the Protestant Episcopal Church, which pioneered the evangelization of the Grebo ethnic group in the southeast, the churches began a gradual expansion to the hinterland, winning converts among the natives. An effective component of their evangelization strategies was the establishment of schools and medical facilities, the former of which particularly provided a great opportunity for indoctrinating young people with Christian values and teachings.⁶⁰

The aggressive evangelization of many of the indigenous Liberian communities by these early churches was characterized by the wholesale condemnation of many indigenous practices as pagan or barbaric. Converts began renouncing traditional practices. This led to the erosion of the social fabric of the community and the loss of several cultural practices. In the last four decades, however, the rise of independent African churches has meant the infusion of aspects of indigenous culture and traditions into the beliefs and liturgy of the Christian Churches. Drums

⁵⁸ Olukoju, 24-26

⁵⁹ Ibid., 28.

⁶⁰ Ibid., 28-29.

and indigenous music as well as some elements of indigenous rituals are now common in many Liberian churches. Also, in such churches, as Olukoju notes, worship is a display of deep self-expression and “involves singing, clapping, drumming, dancing, and a lack of restraint that is alien to the mainstream missions.”⁶¹

Moreover, the civil war introduced new developments to Christianity in Liberia. The end of the war in 2003 witnessed a proliferation of churches (mostly Pentecostal) that emphasize healing, miracles, deliverance, and material prosperity. These churches are common in neighboring Ghana and Nigeria and crossed over to Liberia through foreign preachers as well as returning Liberian refugees who had embraced these doctrines during exile. Those churches could be seen as contributing to the healing process in the country, as their ministers often lay hands on people and pray for healing and material prosperity using special kinds of consecrated objects such as olive oil and handkerchiefs. According to Olukoju, “They attract large crowds not only because they proffer solutions to problems of daily existence, but also because their message and methods resonate with the people. Liberians are quite familiar with the techniques and vocabulary employed by the preachers, which are akin to those used by traditional priests and diviners.”⁶²

Also, it is important to note that Islam had been the dominant religion for much of medieval western Sudan, covering regions of the ancient Sahelian empires that existed along the northern Savana belt, northward to Liberia. The religion was introduced to Liberia in the mid-18th century by the Mandingo, a nomadic and trading ethnic group, who have since constituted the largest percentage of its adherents in the country. The spread of Islam in Liberia resulted

⁶¹ Olukoju, 29-30.

⁶² Ibid., 31.

from three key factors: the business activities of the Mandingo, the establishment of Islamic institutions, and inter-marriage with non-Muslims. Because of the Mandingoes' business acumen and success, many Liberians, especially those in the hinterland where the Mandingo had concentrated their commercial activities, began to value association with Islam as a means of advancing their own business interests.⁶³

The Mandingo also had the practice of taking non-Muslim women as wives, but refused to give their daughters in marriage to non-Muslims, whom they regarded as *kaflee* (pagans). According to Olukoju, given males' firm influence and dominance in Islam, this pattern of marriage ensured a rapid growth and continuity of the religion as the "non-Muslim wives tended to convert in due course."⁶⁴ This practice, however, would in later years become one of the main charges for the growing sentiments against the Mandingo in Liberia and the question of their belonging.⁶⁵ Additionally, Islam found a willing audience among the indigenous Africans, because unlike Protestant Christianity, which insisted on total relinquishment of traditional practices, Islam was more tolerant. Although converts had to forgo some aspects of their lifestyle such as drinking alcoholic beverages, and eating pork, monkeys, and animals that had not been slaughtered in the prescribed manner, many of the converts to Islam still retained many of the traditional religious beliefs and practices.⁶⁶

⁶³ Olukoju, 42-3.

⁶⁴ Ibid., 33.

⁶⁵ Although historians have found that the Mandingo were among some of the first ethnic groups that settled in Liberia, it was only recently that they were granted citizenship rights through the 1986 constitutional amendment. Even so, the question of Mandingo belonging and identity as Liberian has remained contentious in Liberia, with the Mandingo facing resentment from nearly all other ethnic groups. There is a common notion in Liberia that the Mandingo belong in neighboring Guinea, where there is a large settlement of the ethnic group. For more information, see Maarten Bedert, "The Complementarity of Divergent Historical Imaginations: Narratives of Mobility and Alterity in Contemporary Liberia," *Journal for the Study of Race, Nation, and Culture* 23, no. 4 (2017): 430-45, accessed January 12, 2018, <http://www.tandfonline.com/doi/full/10.1080/13504630.2017.1281467>.

⁶⁶ Olukoju, 35.

Regardless of the difference in their religious convictions and outlook, most Liberians share a common belief in the existence of the spirit world and the power of the ancestral spirits in their daily lives and fortune. Practically, everyone believes in life after death. Many Liberians often offer sacrifices at their ancestors' graves in the hope that the ancestors will provide protection for them and their offspring and shower them with blessings and a happy end.⁶⁷

Additionally, Liberians share a common outlook on the supernatural and strongly believe in the intervention of mysterious forces in human affairs.⁶⁸ To put this in context, President William R. Tolbert had a phobia about the Executive Mansion, the official residence and office of the president. The story goes that Tolbert had a suspicion that his predecessor, William V.S. Tubman, clandestinely had performed some rituals within the mansion that were meant to harm him. Tolbert shunned the mansion throughout his presidency and instead worked and slept at his personal residence. Strikingly, it was on the day that he did sleep in the mansion (April 12, 1980) that he was killed. Apart from the mysteriousness of the event, what is also important about this story is that both Tolbert and Tubman were Christians. Tolbert was a renowned minister of the local Baptist denomination and Tubman, while he identified openly with freemasonry, was a member of the Methodist Church.⁶⁹ The point here is to emphasize that regardless of social status and religious affiliation, Liberians often attribute events to the powers of the unknown world.

The story surrounding Tolbert's death explains why President Doe, who led the coup that toppled Tolbert, was widely believed to be endowed with supernatural powers. There were reports that Doe carried protective charms in both open and secret parts of his body, and the

⁶⁷ Olukoku, 21-22.

⁶⁸ Ibid., 23.

⁶⁹ Ibid.

president himself admitted to these claims by bragging publicly on a few occasions that the guns that would kill him were yet to be manufactured, even when the rebels that eventually murdered him had overrun half of the country. Indeed, Doe's murderers reported discovering and destroying those charms during his capture before they had been able to overpower him. There were spiritual interpretations of Doe's death. On the night before his capture and torture to death, one of Doe's female aides disclosed having a dream in which the president was in the company of angels who were leading him to Heaven. It is important to note that Liberians, like most other Africans, have a strong conviction that dreams are a medium of conveying messages from the spirit world. It was only a day later that it became clear that the dream the aide had was a revelation of the president's imminent demise. The belief that Doe dealt with spiritual powers was encapsulated by events of his ghastly death. As Olukoju explains, "The brutality with which he was handled derived as much from vengeance as from the strong conviction that he had potent charms that could make him disappear at will if given some breathing space."⁷⁰ The above cases highlight the fact that most Liberians generally believe that whatever happens in the physical realm originates from the spirit world.

Social Customs and Lifestyle. By and large, many Liberians are a very gregarious people and enjoy social activities such as parties. They have a peculiar handshake that involves holding the palms with a strong grip and then snapping the middle finger of a friend's right hand with one's own thumb and third finger. According to Olukoju, the origin of this practice "has been traced to the days of the slave trade when slave owners often broke their slaves' fingers as a sign of their subjugation. On getting to Liberia, the Americo-Liberians adopted it to celebrate their

⁷⁰ Olukoju, 24.

freedom.”⁷¹ Greetings also may involve broad and passionate hugs that often entail mutual hand wraps and patting on the back.

Liberians also have a strong social bond and a deep sense of togetherness. One aspect of this social affinity is the broader definition they give to the concept of brotherhood (this term is not gender specific). Liberians’ view of brotherhood extends beyond simply biological connection and includes an expression of a strong sense of community. This extends to the wider community and within religious settings such as the Masonic lodges, Christian churches, and mosques, where people call one another brothers and sisters regardless of biological connections. This expression of brotherhood also involves a strong social support system. It is common for Liberians to become involved in the affairs of their neighbors, to offer help and to meet needs where necessary. In rural communities, people gladly share meals and families and members of the same neighborhoods enjoy eating from the same bowls, particularly according to gender and age groups.⁷²

Most Liberians, especially a majority of people in the rural communities, heavily rely on traditional healers for their medical needs (diagnosis and treatment). Traditional healers are highly respected members of the society. Usually, one may consult the indigenous medical practitioners first before resorting to the *kwi*,⁷³ or orthodox medicine, in case the former attempt was unsuccessful. There is a tendency for most Liberians to self-diagnose or to gladly share experiences about the potency of a certain herbs or the healing powers of a certain indigenous practitioners. Also, as part of the great social support system, family members usually provide

⁷¹ Olukoju, 119.

⁷² Ibid., 119.

⁷³ *Kwi* is the way Liberians generally call a white person and anything relating to the West.

care for a sick loved one receiving treatment with an indigenous practitioner or at a conventional medical facility.⁷⁴

Death and funeral rites occupy an important place in the life cycles of all Liberian communities. Funerary practices vary among different ethnic and religious groups, but regardless of the disparities, the idea of funeral centers on respectfully observing the transitioning of a community member from the physical to the ancestral world. Some ethnic groups such as the Belle and Grebo decide on burial sites according to the deceased's social status and occupation. Among the Grebo, the King was buried in the town but his subjects, outside the community. Blacksmiths were buried beside their workshops and officials of the Poro and Sande, according to the rites unique to each society. Funeral rites include washing of the body before interment.⁷⁵

For their part, Liberian Christians organize a wake on the eve of the interment during which attendants give tributes and view the body. The following morning, they place the body in a coffin and offer prayers at the gravesite before the interment takes place. Muslims try to bury before sunset on the same day of death. They usually wash the body and place it in a coffin before interment, after which they arrange funeral feasts in conformity with the Islamic calendar: on the third, seventh, and fortieth days after death. The funeral meals are merely symbolic and include rice flower mixed with sugar (Mandingo call it *kalama*).⁷⁶

In concluding this section, it is important to note that Liberia and its neighbors broadly share culture, notably because most of the ethnic groups in Liberia also are found in the

⁷⁴ Olukoju, 120.

⁷⁵ Ibid., 122.

⁷⁶ Ibid., 122-23.

neighboring countries.⁷⁷ This clarification is necessary in order to underscore that the cultural contexts in which the outbreaks occurred in the three most-affected countries are considerably similar. Most importantly, this summary of the culture of Liberia (which, generally, is representative of the cultures in the other most Ebola-affected countries) is relevant for understanding the evolution of the various health narratives relating to Ebola and the implications such narratives had for the Ebola-affected populations. A few of these health narratives are of particular concern. In a cultural context in which people revere traditional healers, attach high importance to death and burial rites, and cherish gregariousness, the respective health narratives, which often focused on disaffirming the power of traditional healers, renouncing local funeral and burial methods, and associating local caregiving practices with health risks, are central to the analysis in subsequent chapters of this thesis. The thesis discusses the dominant health narratives with respect to the discursive effects that they produce on the societies affected by Ebola

⁷⁷ For example, the Gio, Krahn, and Bassa are also found in the Ivory Coast; The Mano, Pelleh, and Mandingo are found across the border in Guinea; and the Gola and Gbandi are found in Sierra Leone.

CHAPTER 2

LITERATURE REVIEW

Media and the Politics of Knowledge

The mass media is a vital tool in shaping and influencing people's perceptions. Several mass media theories exist regarding media influence on the public and society.⁷⁸ Maxwell E. McCombs and Donald L. Shaw developed the "Agenda Setting" theory in 1972 to explain the media's effects on its audience and its influence in forming public agenda. McCombs and Shaw compared media content and voters' ratings of the importance of issues in the 1968 American presidential campaign and found a positive correlation between the frequency of media reporting on certain issues and the value that respondents attached to those issues. Stated another way, they identified that the salience accorded an issue as part of a news agenda is highly correlated to that of the voters' agenda. The pair concluded that "In choosing and displaying news, editors, newsroom staff, and broadcasters play an important part in shaping political reality. Readers learn not only about a given issue, but also how much importance to attach to that issue from the amount of information in a news story and its position."⁷⁹

Although McCombs and Shaw focused on politics, agenda-setting applies to every field of media reporting. Through their agenda-setting capacity, the mass media forces attention to certain issues. As Kurt Lang and Gladys Engel also observe from a political perspective, "They

⁷⁸ In addition to "agenda setting" and "framing" discussed above, other theories of media effects include "Cultivation Theory," "Hypodermic Needle Theory," "Magic Bullet Theory," and "Priming." For more information on these, see: Maxwell E. McCombs and Donald L. Shaw, "The Agenda Setting Function of Mass Media," *The Public Opinion Quarterly* 36, no. 2 (1972): 176-187, accessed July 12, 2017, https://www.jstor.org/stable/2747787?seq=1#page_scan_tab_contents; Da Sheufele, "Framing as a Theory of Media Effects," *Journal of Communication* 49, no.1 (1999): 103-122, accessed July 12, 2017, <http://onlinelibrary.wiley.com/doi/10.1111/j.1460-2466.1999.tb02784.x/abstract>; and James Shanahan and Michael Morgan, *Television and its Viewers: Cultivation Theory and Research* (Cambridge: Cambridge University Press, 1999), 15-45.

⁷⁹ McCombs and Shaw, 176.

[media] build up public images of political figures. They are constantly presenting objects suggesting what individuals in the mass should think about, know about, have feelings about.”⁸⁰ The media tries to dictate to society what is important. By focusing reporting on certain issues, the media directs the audience to regard these issues as important, and in this way, plays a critical role in forming public opinion and perceptions.

Framing is another technique that the media uses in influencing the public. An expanded version of the agenda-setting theory, framing describes the way in which the mass media presents information to its audiences. Erving Goffman, the twentieth-century Canadian-American sociologist credited for developing the concept, was concerned about the process of human interaction in everyday life. Goffman observes that interpersonal communication is a process of presenting oneself to others. He notes that people are actors, structuring their appearances and performances to create impressions on others.⁸¹ In addition to his focus on interpersonal relationships, Goffman extends the application of his framing analysis concept to the culture of stereotyping, stigmatizing, and labelling in mental health. He reports that “What the psychiatrists see as mental illness is the same that the lay public sees as offensive behavior—worthy of scorn, hostility, and other negative social sanctions.”⁸² He defines framing as a “schemata of interpretation” that enables individuals to “locate, perceive, identify and label” occurrences or life experiences.⁸³

⁸⁰ “The Mass Media and Voting,” *American Voting Behavior* (1959): 222, accessed July 12, 2017, <https://www.econbiz.de/Record/the-mass-media-and-voting-lang-kurt/10002343987>.

⁸¹ *Frame Analysis: An Essay on the Organization of Experience* (Boston: Northeastern University Press, 1974), 127.

⁸² *Interaction Ritual* (Chicago: Aldine Publications Corporation, 1974), 137.

⁸³ Goffman, *Frame Analysis*, 24.

Since Goffman laid its sociological foundation, framing has developed as a key concept in mass communication. Basically, media framing is a practice in which the media focuses on certain events and places them within a field of meaning or presents them from particular perspectives (or the “angle,” as popular in the media). The news angle represents the vantage point of the reporting news entity. The way in which the news is presented creates the frame for the information. Framing extends the agenda-setting theory to another level. While media agenda-setting involves telling the audience what to think about, framing further guides the audience on how to think about those issues. In other words, newspapers, televisions, radio, and related media seek to direct their readers and viewers to a desired frame of mind.⁸⁴

News coverage as a product of these influences, therefore, can be susceptible to inaccuracy, exaggeration and/or sensationalism.⁸⁵ The messages we get from the news are not neutral; rather, they offer a particular reading of social events. What gets recorded depends on the social, cultural, political, and economic contexts in which the story is composed. According to Tim May, an American political writer and social science researcher, news reports only reflect a constructed version of a story. The information we receive from the media is shaped and tainted by some omissions. Media reality, therefore, needs to be approached with skepticism.⁸⁶

⁸⁴ Dietram A Scheufele and David Tewksbury, “Framing, Agenda Setting, and Priming: The Evolution of Three Media Effects Models,” *Journal of Communication* 10, (November 2006): 11-12, accessed November 12, 2017, <http://onlinelibrary.wiley.com/doi/10.1111/j.0021-9916.2007.00326.x/abstract>.

⁸⁵ See, for example, Ruth Allen and Raymond G. Nairn, “Media Depictions of Mental Illness: An Analysis of the Use of Dangerous,” *Australian and New Zealand Journal of Psychiatry* 31, no. 3 (1997): 377-9, accessed July 23, 2017, <http://journals.sagepub.com/doi/abs/10.3109/00048679709073847?journalCode=anpa>; Allan Bell, *The Language of News Media* (Oxford: Black, 1994), 200-2004; and Clive Seale, *Media and Health* (London: SAGE, 2002), 22-7.

⁸⁶ *Social Research: Issues, Methods, and Process* (Maidenhead: Open University Press, 1993), 12-14

As Clive Seale points out, news reports receive validation when they contain authoritative sources.⁸⁷ According to Melanie A. Wakefield, Barbara Loken, and Robert C. Hornik, there is a long history of media-expert collaboration in news reporting. This partnership is mutually beneficial. The media receives credibility by presenting information attributed to the experts, while the experts take advantage of the platform to disseminate information of interest.⁸⁸ But the critical questions are, does this partnership always benefit the public? Is expert knowledge always trustworthy? Michel Foucault offers very valuable insights on these questions. He examines the fundamental relationship between power and knowledge and how both can be used as tools of social control. Foucault posits that knowledge is a mechanism of oppression by those members of the society who have influence. He theorizes the concept of “discursive power” to describe expert knowledge and the practice of its dissemination. According to Foucault, expert knowledge is subjective and functions to regulate our lives.⁸⁹ Knowledge, therefore, is an apparatus of power subject to manipulation by media and experts whose representation of information can be successful in silencing the Other.⁹⁰

Africa in Western Media

In proceeding to a discussion of Western media’s Ebola narratives, it is important to understand the ongoing representation of Africa in Western media. A plethora of studies

⁸⁷ Clive Seale, *Media and Health* (London: SAGE, 2002), 4.

⁸⁸ Melanie A. Wakefield, Barbara Loken, and Robert C. Hornik, “Use of Mass Media Campaigns to Change Health Behavior,” *Lancet* 376, no. 9748 (2010): 1261-2, accessed July 23, 2017, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4248563/>.

⁸⁹ Foucault, *Discipline and Punish*, 214-18.

⁹⁰ See, Nicholas B. Dirks, “The Policing of Tradition: Colonialism and Anthropology in Southern India,” *Comparative Studies in Society and History* 39, no. 1 (1997): 289-92, accessed July 28, 2017, https://www.jstor.org/stable/179243?seq=1#page_scan_tab_contents; and Nicholas B. King, “Security, Disease, Commerce: Ideologies of Postcolonial Global Health,” *Social Studies of Science* 32, no. 5-6(2002): 763-5, accessed July 28, 2017, <http://journals.sagepub.com/doi/abs/10.1177/030631270203200507>.

consulted, published from 1990 through 2013 and focused on Western media reporting on Africa, overwhelmingly point to a consistent trend of negative portrayal of the continent.⁹¹ For example, in a 1992 edited collection titled *Africa Media's Image*, Beverly Hawk asserts that in their selection of news, American and European media choose to present Africa as a poverty-stricken, war-ravaged, and disease-ridden continent. Hawk notes that Western media coverage of Africa is selective and biased. It reflects a clear pattern of neglect for the continent's progress and its contributions to the international community, especially since the first half of the 21st century, and a focus on negative images. For Hawk, the negative characterization of Africa in the Western media is an effect of colonialism. She claims that the Western media continues to perpetuate the false impression that Africa is a "dark" continent separated from the rest of the world.⁹² Hawk observes that reports on Africa by Western journalists still carry racial terms such as "black factionalism," and "tribalism" that are symbols of degradation, primitivism, and dehumanization of the West toward Africa.⁹³

The portrayal of Africa as a dark continent and a complete jungle, as well as the various other racist constructions Hawk mentions, has its roots in the English and European imperialist agenda. 19th-century Polish novelist Joseph Conrad explores this subject in his 1899 short novel, *Heart of Darkness*. The story is a fictionalized recollection of Conrad's own experience as a

⁹¹ *Africa's Media Image* (Westport: Praeger Publishers, 1992), 1-14; see also Sheila S. Walker and Jennifer Rasamimanana, "Tarzan in the Classroom: How 'Educational' Films Mythologize Africa and Miseducate Americans," *Journal of Negro Education* 62, no. 1(1993): 3-23, accessed July 28, 2017, https://www.jstor.org/stable/2295396?seq=1#page_scan_tab_contents; Gbemisola Olujobi, "The Africa You Need to Know," *Truthdig*, November 29, 2006, accessed July 28, 2017, <https://www.truthdig.com/articles/the-africa-you-need-to-know/>; and Joseph Conrad, *Heart of Darkness and Other Tales* (Oxford: Oxford University Press, 1990), 24-30.

⁹² Hawk, 7.

⁹³ *Ibid.*

sailor on the Congo River in Central Africa, where he was involved with transporting ivory as a member of a Belgian navy crew. The central figure of Conrad's novel is a man named Charles Marlow. Along the bank of the Thames River in London, where the story is set, Marlow narrates his encounter with an ivory merchant, Kurtz, in the course of his voyage to the ivory-rich Congo River basin.

The story explores the nature of the European colonial attitude, exemplified particularly by its construction of the distinction between a barbaric and a civilized society. Central to Conrad's work is the idea that there might be little difference between so-called civilized people and those considered barbaric.⁹⁴ But more than a century after Conrad's political work, which offers criticism of the Western colonial system and summons Western society (and more so that of Britain) to reexamine its hegemonic culture, the colonial images of Africa from the 18th and 19th centuries still continue, to influence, to some extent, the work of some contemporary European writers, particularly the journalists. As Temple University communication professor Molefi Kete Asante notes in his 2013 article on the Western media's negative coverage of Africa, "Joseph Conrad's *Heart of Darkness* had little impact on changing the nature of the Western approach to Africa."⁹⁵

Rider University communication professor Bosha Ebo similarly has decried the Western media's ill-treatment of Africa, focusing his analysis especially on the American media. Ebo charges that

American news media have done less than an admirable job in their coverage of Africa.

⁹⁴ *Heart of Darkness*, 10.

⁹⁵ Molefi Kete Asante, "The Western Media and the Falsification of Africa: Complications of Value and Evaluation," *China Media Research* 31, no. 52 (2013), 12, accessed March 18, 2018, <https://www.thefreelibrary.com/The+western+media+and+the+falsification+of+Africa%3A+complications+of...-a0330802617>.

Much of what the American people know of Africa is derived from the negative and misguided images of Africa portrayed in American media. These images usually portrayed Africa as a crocodile-infested dark continent where jungle life has perpetually eluded civilization. Indeed, it is not surprising that American people usually associate Africa with the Hollywood images of Tarzan and the jungle, as these are regularly revived on American television. American news media have shaped the American image of Africa as a most unpleasant part of the world, where coups and earthquakes are staples of life.⁹⁶

Ebo claims that the negative portrayal of Africa by the American media is part of a deliberate system of biases reflected in the ways the American media selects foreign news. Such a system, Ebo notes, is based on a set of commercial, political, and sociocultural criteria by which American media outlets determine which nations and which foreign news events are newsworthy. He charges that these criteria treat American and Western cultural values as superior to Africa's and accordingly, "news events from Africa are presented as abnormal or unnatural."⁹⁷

Sheela S. Walker and Jennifer Rasamimanana report similar patterns of negativity in their content analysis of a collection of educational films on Africa used by several American school districts in 1993. They observe that the films "presented overwhelmingly inaccurate, unrepresentative, stereotyped, and demeaning views of African life."⁹⁸ Similar to Hawk, Walker and Rasamimanana discover that the educational materials contained grossly distorted versions of African realities, such as the negative construction of typical African culture and its value system. The researchers notice that a majority of the visual resources simply omitted any positive aspects of African lifestyle and focused on images of primitivity. Stated in their own words,

⁹⁶ Boshia Ebo, "American Media and African Culture," in *Africa's Media Image*, ed. Beverly Hawk (Westport: Praeger Publishers, 1992), 15.

⁹⁷ *Ibid.*, 15-16.

⁹⁸ Walker and Rasamimanana, 3.

“Generally, what could be viewed by a U.S audience as positive aspects of indigenous African life are either not mentioned or are portrayed in a negative light. Traditional lifestyles are negatively contrasted with the recently acquired Westernized lifestyles of a small minority of Africans.”⁹⁹

Walker and Rasamimanana also contend that although the media have a natural fascination for sensationalism, the perception of Africans’ “otherness” has meant that Western media have come to constantly present “Africa as a land of barbarous natives whose major pastime is to dance half-naked to drum music.”¹⁰⁰ They observe that repeatedly, Western media has characterized Africa through inaccurate over-generalizations such as “Africa is hot and humid” and “Africa is a country,”¹⁰¹ which serve to paint a negative picture of the entire continent and ignore or obscure positive developments on the continent, where they are being achieved.

It is these erroneous generalizations that veteran Nigerian journalist Gbemisola Olujobi seeks to confront in a provocative article titled, “The Africa You Need to Know.” As a former editor of the *Guardian*, Nigeria’s biggest newspaper, what mainly provoked Olujobi to write the article was a personal travel experience in the United States where she encountered several people with a negative predisposition toward Africans based on their exposure to media reporting. She charges that over the years, the Western media has unswervingly generalized Africa as a vast wasteland where endless poverty, hunger, conflict, and violence exist. Olujobi

⁹⁹ Walker and Rasamimanana, 8.

¹⁰⁰ Ibid., 5.

¹⁰¹ Ibid.

describes one of her encounters in the U.S. with a man who expressed surprise at her positive outlook despite a recent CNN report of a famine-ridden Africa. To that she comments,

I had to let him know that Africa is not one huge expanse of waste, but 54 countries and two islands, in different stages of development, repair, disrepair and, of course, despair. Famine in Niger does not mean hunger in Nigeria, just as war in Liberia does not mean child soldiers in Lesotho.¹⁰²

More recent studies also have confirmed the persistence of the negative stereotyping of Africa by the Western media. In his 2001 book *In the Shadows of the Kremlin and the White House: Africa's Media Image from Communism to Post-Communism*, Charles Quist-Ade points out that negative racial and cultural depictions of Africa are not only limited to the media in the United States and Western Europe, those criticized most for this stereotyping. Quist-Ade argues that even Russia, as it makes its own pathway toward a European expression, has embodied the same resentment against Africa, and that Russian media engages in even more gross misrepresentation of Africa than does Western media.¹⁰³ Quist-Ade arrives at this conclusion by examining the treatment of Africans living in Russia as well as coverage of Africa by the television and print media in the country. He observes that the images of Africa and Africans in Russian media are even bleaker and more outrageous than those in the Western media. Quist-Ade's book is based on a comparative analysis of news coverage of Africa by the West and Russia, covering a 16-year period (1982-1998). This in-depth study allows Quist-Ade to see a clearer picture of and make categoric statements about the types of negative images that

¹⁰² "The Africa You Need to Know," 1.

¹⁰³ *In the Shadows of the Kremlin and the White House: Africa's Media Image from Communism to Post-Communism* (Lanham, Maryland: University Press of America, 2001), 43-44.

appeared about Africa in Russian *Pravda*, *Izvestia*, *Novoe Vremya* and the Western *London Daily Telegraph*, *New York Times*, and *Newsweek*.¹⁰⁴

Writing as recently as 2013, Molefi Kete Asante, a professor at Temple University and a leading figure in African Studies and Communication Studies, contends that the long history of what he terms as “the falsification of Africa,” which developed as the underlying logic of the 15th-century European slave trade, has been sustained over time, especially by the media, through its negative coverage of the continent, and has come to define the difficult relationship between Africa and the West. In common with Hawk and other scholars who see the Western media’s negative portrayal of Africa as a deliberate campaign, Asante notes in a more radical tone that

the falsification of Africa occurs through the distortion of news events, the untrue statements about Africa are repeated as fact, when biased interpretations are interwoven into news reports, and through the use of pejoratives whether as metaphor or as stereotypes. Sometimes events that have little importance are given high prominence so as to demonstrate African ineptness, ignorance, or easy-going nature.¹⁰⁵

Asante observes that nearly all Western media representations of Africa reflect the distinction between blacks and whites, noting that it is “as if the definition of the West must include a discourse on Africa as the negation.”¹⁰⁶ His analysis also encompasses an important issue that is central to this current discussion of Ebola health narratives. He charges that the media does not just portray Africa in a negative manner; it almost always constructs an “African version” of every story, even naturally-occurring phenomena. He claims, for example, “If

¹⁰⁴ Quist-Ade, 45-46.

¹⁰⁵ Asante, 12.

¹⁰⁶ Ibid.

Africans were ill because of disease the type of illness had to be correlated with the nature of African customs, traditions, or even desire to be free from exploitation.”¹⁰⁷

This negative racial and cultural representation of Africa, Asante notes, has been sustained partly by the imbalance in the global information flow. He asserts that world communication technology and management of world information resources are clearly deployed in favor of developed countries.¹⁰⁸ Elsewhere, award-winning journalist Tokunbo Ojo mentioned in his 2012 conference paper that about 80 percent of the global news flow comes from a few news agencies that belong to the three permanent members of the United Nations Security Council: Great Britain, France, and the United States. These agencies include Reuters, Agence France-Press, United Press International, the Associated Press, and the cable networks—CNN and BBC.¹⁰⁹ This domination, Asante contends, has reduced what is known today as the free flow of information to a mere “one-way” rather than a true exchange of information. In this one-way information traffic, Asante notes, news reports simply reflect the values, mentality, and points of view of the West and discount the values of Africa and its people.¹¹⁰

Asante recognizes efforts by a few developing countries, especially the Arab nations, to invest in and develop viable alternate communication channels (e.g., Aljazeera), which he describes as crucial steps toward the quest for achieving balance in the global information flow.

¹⁰⁷ Asante, 13.

¹⁰⁸ Ibid.

¹⁰⁹ In this paper presented at the 2012 Global Media Forum, Ojo analyzes the state of the global information flow in the aftermath of the failure of the New World Information and Communication Order (NWICO). NWICO, also known as the MacBride Commission, is a term coined from the UNESCO-led debate over media representation and global information exchange in the late 1970s and 1980s. See link to the article, <https://cmsw.mit.edu/mit2/Abstracts/TOjo.pdf>.

¹¹⁰ Asante, 13.

He asserts that although some African nations have begun creating opportunities for self-expression and the exchange of knowledge and ideas, especially in the areas of organizing academic conferences and encouraging citizens' participation in the democratic processes, Africa as a continent has yet to rise up fully to the challenge of assuming its information management. But Asante is optimistic and concludes the article with calling on Africa to "redouble its efforts to create its own communication networks, to encourage more private instruments of image making, and to utilize all forms of media to counter negativity."¹¹¹ According to him,

Africans have learned that too much faith cannot be placed in the international media to make the necessary adjustments to bring about change in the way Africa is portrayed. Instead of solving the problems of Africa the international system of media has often created additional problems because of its wide berth, since it guarantees no full picture of African history or culture. Africa must find solutions for itself by reporting on events with contexts, by showing crises as a part of the emergence of nationality to overcome European colonization's political structures and ethnic arrangements, and by insisting on the relevance of African philosophical values and concepts for interpretation. At that moment, one can say that there is an African renaissance in the use of media that will lead to a better future for African people.¹¹²

In moderate contrast to the overtly negative media representation of Africa that the other studies mentioned above point to, Ojo reports a mixture of negative and positive representation of the continent by the Canadian newspaper *Globe and Mail*.¹¹³ A professor of international communication at the York University in Ontario, Canada, Ojo uses content analysis to examine both the depth and breadth of the *Globe and Mail*'s coverage of Africa spanning from 2003 to 2012. Sampling a total of 688 African related stories by the *Globe and Mail* during the ten-year period, Ojo examines the degree of priority the newspaper assigned each of 36 different story

¹¹¹ Asante, 14.

¹¹² "Africa in the Canadian Media: The *Globe and Mail*'s Coverage of Africa from 2003 to 2012," *African Journalism Studies* 35, no. 1 (2014), 43, accessed March 19, 2018, <https://www.tandfonline.com/doi/abs/10.1080/02560054.2014.886660>.

¹¹³ *Ibid.*

topics and the tone and attitude with which it treated these topics. He records that among these topics, stories of politics, HIV/AIDS, economic/business affairs, and conflict/war dominated the *Globe and Mail's* coverage. According to him, although the tone and treatment of the stories fluctuated on the basis of the topic under consideration, the overall image of Africa presented by the paper's ten-year reporting of the continent was neither overtly negative nor positive. He writes,

The image of Africa that emerged from the coverage is not the usual apocalyptic imagery recorded in earlier studies (see Abdullahi 1991; Fair 1993; Hawk 1992; Ogundimu and Fair 1997; Soyinka-Airewele and Edozie 2010). Rather, it is a mixture of negative and positive representations, depending on the news topics.¹¹⁴

Scholars have attributed Western media's negative portrayal of Africa to various factors. Some, like Hawk and Ebo, suspect neo-colonialism,¹¹⁵ while others such as Walker and Rasamimanana, trace the "misconceptions and misinformation" to the lack of knowledge of Africa by individuals in Western countries. Walker and Rasamimanana in particular, focusing on the American educational sector and drawing from a 1990 Rockefeller Foundation report (*A Greater Voice for Africa in the Schools*), suggest that the misrepresentations of Africa persist because "Africa remains the most neglected world area in the school curriculum."¹¹⁶ But a search of the current literature on education policy in the United States shows that there are ongoing efforts to integrate an Afrocentric curriculum into the American school system. Much of the policy debate and efforts in this direction, however, is focused on recognizing the contributions

¹¹⁴ Ojo, 44.

¹¹⁵ Hawk, 1-4.

¹¹⁶ Walker and Rasamimanan, 3.

of African Americans to the socio-economic and political development of the United States, rather than on holistically promoting knowledge of the black race or of Africa as a continent.¹¹⁷

Although adopting a full-scale African-centered curriculum in the U.S. public school system has yet to be achieved in any greater measure, one area in which relative progress has been made is the mainstreaming of Black history as an academic subject in the K-12 curriculum. According to a recent article titled “The Status of Black History in U.S. Schools and Society,” in the aftermath of the Civil Rights Movement in the 1960s, when parents and teachers began demanding the incorporation of Black history into the curriculum, many school districts in the 50 states have done so.¹¹⁸ The article indicates, however, that despite the enthusiasm among teachers about teaching Black history, a 2015 study of the state of African-American history and culture in K-12 public schools reports that generally, only eight to nine percent of total class time is devoted to Black history in the U.S. history classroom. The study states further that “Teachers may not teach Black history as much as they should because they lack content knowledge, confidence, time, and resources, and are concerned with students’ maturity levels for approaching difficult knowledge.”¹¹⁹ Although the existing efforts mentioned above are crucial, the limitations noted highlight that more is needed to educate American society about Africa as a whole and not just African Americans as a fraction of the U.S. population.

¹¹⁷ See Conrad Worrill, “Public Schools and the African Centered Curriculum,” *The Chicago Crusader*, November 2017, accessed March 20, 2018, <https://chicagocrusader.com/public-schools-and-the-african-centered-curriculum/>.

¹¹⁸ LaGarrett J. King, “The Status of Black History in U.S. Schools and Society,” *Social Education* 81, no. 1 (2017), 16, accessed March 20, 2018, https://www.socialstudies.org/system/files/publications/articles/se_810117014.pdf.

¹¹⁹ *Ibid.*, 17.

Still, other factors contributing to negative media coverage of Africa noted by scholars extend the blame to African leaders' obsession with the aid and dependency scenario. According to international development researcher Japhace Poncian, since some donor support is contingent upon severity of need, African governments seem to see a broad doorway to aid through headlines about the continent that project images of desperation, tragedy, helplessness, and vulnerability, and therefore have done little to discourage negative depictions of the continent in the media.¹²⁰

The foregoing discussion about Western media negativity bias toward Africa provides an important context within which to analyze media representation of cultures in Ebola-affected communities in West Africa. In order to proceed with analysis of the Western media representation of cultures in the Ebola-affected region, it is also important to discuss the basic assumptions of the biomedical model of health and the nature of the model's dominance in the healthcare systems. Such a discussion is key because the medical model, as a reflection of Western culture and value systems, serves as the basis upon which the Western media and health professionals perceive other culture.

Public Health and the Culture Challenge

Public health is not a new phenomenon. Concepts and measures of disease prevention and control date back to ancient societies such as, for example, quarantine of leprosy victims in the Middle Ages and efforts to improve sanitation following the 14th century plague epidemics.¹²¹ Public health as an organized discipline, however, began about 100 years ago and has continued

¹²⁰ "The Persistence of Western Negative Perceptions About Africa: Factoring in the Role of Africans," *Journal of African Studies and Development* 7, no. 3 (2015): 78-80, accessed July 30, 2017, <http://www.academicjournals.org/journal/JASD/article-full-text/09E187350806>.

¹²¹ See "Public Health," *Encyclopedia Britannica*, accessed November 2, 2017, <https://www.britannica.com/topic/public-health>

to play a cardinal role in promoting the health of populations.¹²² The United States Center for Disease Control (CDC) defines public health as “the science of protecting and improving the health of people and their communities.”¹²³

Epidemiology, defined as the study of why and how often disease occurs among a certain group of people, is the basic science of public health.¹²⁴ The practice of public health draws significantly upon the biomedical model of health, a scientifically-driven paradigm, which for more than two centuries, has dominated the global health systems. Biomedicine developed through several philosophical changes that took place in Europe over the past five hundred years. These steady changes eventually led to the transformation of metaphysical medicine into scientific medicine. Biomedicine’s dominant assumptions reflect its Eurocentric evolution. Basically, the biomedical framework considers life as material (empiricism); rejects spiritual considerations in health (secularism); and, as with Europeans’ obsession with compartmentization, reduces the body into components, such that there is a physician for nearly every part of the body. No one physician is able resolve a patient’s problems entirely.¹²⁵ These Western philosophical values remain the basic assumptions by which the biomedical model operates.

Although biomedicine has made numerous remarkable advancements in providing health solutions and saving lives, several studies have documented overwhelming evidence of cultural

¹²² Nancy E. Kass, “An Ethics Framework for Public Health,” *American Journal of Public Health* 91, no. 11 (2001): 1776, accessed October 22, 2017, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1446875/>.

¹²³ CDC, “What is Public Health?” retrieved, <https://www.cdcfoundation.org/what-public-health>.

¹²⁴ Kass, 1777.

¹²⁵ Omar Hasan Kasule, *A Critique of the Biomedical Model of Medical Practice* (Cambridge: Oxford University Press, 2005), 12.

bias in Western medicine.¹²⁶ Dwight Conquergood is one of the pioneers of research that explored the intersection of health and culture. An ethnographer and performance expert, Conquergood explores the nature of transcultural health interventions, focusing on indigenous societies. He discovers inherent cultural biases in Western healthcare and attributes them to a common tendency among Westerners to regard the unfamiliar as inferior. This attitude, according to him, is best encapsulated by a quote from Bulgarian-French historian Tzvetan Todorov: “The first, spontaneous reaction with regard to the stranger is to imagine him as inferior, since he is different from us...difference is corrupted into inequality.”¹²⁷ Conquergood draws the conclusion that the failure of many Western health campaigns in unfamiliar environments is often due to the biased predisposition of health practitioners.¹²⁸

In an ethnographic study conducted among Hmong refugees in Thailand in 1985, Conquergood examined the nature of culturally-driven resistance to health promotion programs. The overpopulated camp was confronted with alarming sanitation and health problems and despite the upsurge of Western relief agencies that sought to address the conditions, the situation persisted. Conquergood contends that those relief efforts failed largely because of the attitudes of expatriate health officials who, according to him, exhibited hostility towards the refugees owing to their dislike for Hmong culture. In one instance, he observed that the Hmong mostly avoided the camp clinic because it was common for nurses to forcefully remove the neck-rings and spirit-

¹²⁶ See for example: Conquergood, 195-9; Airhihenbuwa, ix-3; Irene V. Blair, John F. Steiner, and Edward P. Havranek, “Unconscious (Implicit) Bias and Health Disparities: Where do We go From Here?” *The Permanent Journal* 15, no. 2 (2011): 71-8, accessed July 29, 2017, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3140753/>; and Racquel Richardson Ingram, “Using Capinha-Bacote’s Process of Cultural Competence Model to Examine the Relationship Between Health Literacy and Cultural Competency,” *Journal of Advanced Nursing* 68, no. 3 (2011): 697-8, accessed September 30, 2017, <http://onlinelibrary.wiley.com/doi/10.1111/j.1365-2648.2011.05822.x/epdf>.

¹²⁷ Conquergood, 196.

¹²⁸ *Ibid.*, 195-7.

strings of those who sought treatment as a condition for their admittance, because the expatriate health workers perceived that those objects were unsanitary and carried germs.¹²⁹ He notes, “The more I learned about the history and cultural dynamics of the camp, the more I came to believe that the expatriate health professionals needed consciousness-raising messages as much as the Hmong.”¹³⁰

Conquergood also observes that the expatriate health workers had no regard for the refugees and simply engaged in importing and distributing their “expert” knowledge to the Hmong, whom they “expected to be grateful consumers.”¹³¹ As opposed to bureaucracy and domination, Conquergood proposes “dialogical exchange” as an effective approach for the success of a transcultural health initiative. By dialogical exchange Conquergood means that the success of a transcultural health campaign depends greatly on active cooperation between both the interventionists and the intervention community, such as their ability and willingness to tolerate and learn from each other. This he demonstrates with his study of the Hmong:

One of the things that worked well for me as a health worker was to barter recommendations and health practices with traditional healers. This kept the program from being too one-sided. Because of the camp conditions, I personally had frequent trouble with intestinal disorders. For this discomfort, I went to the women herbalists who gave me a root to chew that was quite helpful. Early in my fieldwork I fell through a bridge and gashed my toe when a rotten board gave way. Herbalists treated my wound with soothing poultices from a glossy-leaved plant. Within a week the jagged wound had healed and I was able to go without a bandage. Because of the rugged terrain, however, I stubbed my toes repeatedly and reopened that wound more than once. I became quite dependent on the herbal healers—they knew that my trust and respect for their medicine was genuine. Their pleasure in my trust was overwhelming. Never have I received such devoted attention.¹³²

¹²⁹ Conquergood, 198.

¹³⁰ *Ibid.*, 195.

¹³¹ *Ibid.*, 181.

¹³² *Ibid.*, 182.

Pennsylvania State University public health professor Collins O. Airhihenbuwa similarly has identified and repeatedly condemned structural inequalities and biases in the current healthcare model. Based on multiple experiences he had with health campaigns in developing countries, especially in Nigeria and elsewhere in Africa, in a 1995 volume titled *Health and Culture: Beyond the Western Paradigm*, Airhihenbuwa challenges ethnocentrism in public health. He observes that health practitioners' continuous privileging of Western cultures over those of other societies is a barrier to improving unhealthy conditions in some populations. Airhihenbuwa accentuates that the world is becoming increasingly interconnected, such that the forces that shape disease and health behaviors are both local and global. Thus, he advises health educators to stay aware of both dimensions in order to adequately meet the health needs of the populations they serve. In other words, effective health promotion activities are those in which the interventionists draw upon the medical framework, while at the same time acknowledging and respecting the distinct cultural characteristics of the intervention populations. His work focuses on the need to rid the current healthcare system of hegemonic structures and cultural biases, which he says have the effect of rendering disadvantaged communities more powerless.¹³³

Racquel Richardson Ingram also has made notable contributions to discussions of hegemony and ethnocentrism in Western healthcare. From a largely clinical perspective, Ingram draws attention to endemic racial and cultural biases and disparities in the current healthcare model, particularly in the United States, accusing the system of operating to the disadvantage of minority populations. In a 2011 article titled "Using Capinha-Bacote's Process of Cultural Competence Model to Examine the Relationship Between Health Literacy and Cultural

¹³³ Airhihenbuwa, ix-xvi.

Competency,” Ingram observes that despite the United States’ status as a multi-cultural society with current trends showing a rapid growth in its minority population due largely to immigration, the country’s healthcare workforce is predominantly white.¹³⁴ Of even more serious concern than the race-related workforce disparities, Ingram notes, health workers are notably insensitive to the worldview and cultural beliefs of the ethnic minorities. She attributes such an attitude to both cultural and racial biases in the United States.¹³⁵

Ingram proposes a crucial transition in the U.S healthcare system, with a focus on building the cultural competency of healthcare workers. Cultural competency is a theoretical framework that emphasizes training health workers to deliver culturally appropriate services. Ingram calls for a new model that would place emphasis on culture, promote and maintain healthy client-provider relationships, and increase patients’ compliance.¹³⁶ She explains that what this new approach requires of health workers is

being non-judgmental during provision of care, having exposure to diverse groups, incorporating efforts to enhance cultural awareness, understanding patients’ communication patterns, acknowledging and respecting patients’ view of the world, acknowledging and respecting how patients may perceive their illness and acknowledging and respecting how patients relate to their surroundings.¹³⁷

Some scholars argue that the fundamental challenge of biomedicine is its Eurocentric focus.¹³⁸ They contend that despite the gains biomedicine has made in the prevention and

¹³⁴ “Using Capinha-Bacote’s Process of Cultural Competence Model to Examine the Relationship Between Health Literacy and Cultural Competency,” *Journal of Advanced Nursing* 68, no. 3 (2011): 696-8, accessed September 30, 2017, <http://onlinelibrary.wiley.com/doi/10.1111/j.1365-2648.2011.05822.x/epdf>.

¹³⁵ *Ibid.*, 696.

¹³⁶ *Ibid.*, 698.

¹³⁷ *Ibid.*, 702.

¹³⁸ See for example: Airhihenbuwa, 3-6; Geri-Ann Galanti, *Caring for Patients from Different Cultures* (Philadelphia: University of Pennsylvania Press, 2015), 23; and Lynda Bergsma, “Ideological Reproduction and

treatment of many diseases, the model is inadequate for addressing the enormous, complex health problems in our multi-cultural world in so far as it is dismissive of other cultures. A key critique of biomedicine centers on its claims to empiricism and its focus exclusively on the physical. Biomedicine places emphasis on evidence and it insists on a cause-and-effect principle which assumes that every illness has a detectable cause and that treatments should be based only on the findings of physical examinations.¹³⁹ But undeniably, some diseases have medically unexplainable symptoms (e.g., fibromyalgia, chronic fatigue syndrome, irritable bowel syndrome), arguably suggesting the existence of causation beyond physical factors alone. Even though biomedicine acknowledges these idiopathic diseases, and that it lacks the capability to diagnose or cure them, it also denounces other diagnostic and treatment efforts outside of its own scientific framework. Brenda Sabo, Michel R. Joffrey, and Timothy Williams describe the controversy between clinical ecologists and traditional biomedical practitioners over diagnosis of chemical sensitivities, another idiopathic disease:

Western medicine seeks to practice evidence-based medicine. This is not the case for physicians who are clinical ecologists and practice environmental medicine. These physicians advocate the avoidance of a wide range of chemicals and the use of nonvalidated tests and treatments. Clinical ecologists think that the symptoms triggered by perfumes or other chemicals are physical and that environmental sensitivities are pathophysiological. They think that personal observations and experience are all that are necessary to diagnose and treat people with medically unknown symptoms. Their theories and practices have been condemned by most medical societies. Relying on personal experience alone may result in incomplete diagnoses, missed diagnoses, and assigning

Social Control in Medical Education,” (1997), accessed March 22, 2017, <http://arizona.openrepository.com/arizona/handle/10150/282392>.

¹³⁹ See, for example, Derick T. Wade and Peter W. Hallingam, “Do Biomedical Models of Illness Make for Good Healthcare Systems?” *British Medical Journal* 329 (2004): 1398, accessed July 28, 2017, <http://www.bmj.com/content/329/7479/1398>; George L. Engel, “The Need for a New Medical Model: A Challenge of Biomedicine,” accessed August 2, 2017, <https://www.urmc.rochester.edu/MediaLibraries/URMCMedia/medical-humanities/documents/Engle-Challenge-to-Biomedicine-Biopsychosocial-Model.pdf>; and Omar Hasan Kasule, *A Critique of the Biomedical Model of Medical Practice* (Cambridge: Oxford University Press, 2005), 12-22.

incorrect labels that perpetuate illness as opposed to leading to recovery.¹⁴⁰

Biomedicine ignores cultural, social, spiritual, and psychological aspects of illness and concentrates only on somatic aspects. Somatic disorders are those relating to or affecting the body, especially as distinguished from the mind (e.g., pain, weakness, or shortness of breath).¹⁴¹ Thus, with a fixation on somatic anatomy, biomedicine fails to accommodate other possible causal explanations that are operative in other societies, where local cultures and belief systems are incompatible with Western values. WHO estimates that over four billion people—about 80% of the world’s population—who live in developing countries, rely on traditional systems of healthcare for their health needs.¹⁴² Focusing on Africa, WHO further indicates that “Some African countries are locally producing traditional medicines used for various diseases such as chronic diarrhoea, liver disorders, amoebic dysentery, constipation, cough, eczema, ulcers, hypertension, diabetes, malaria, mental health and HIV/AIDS in order to improve people's access to medicines.”¹⁴³

Traditional systems of health differ from the biomedical model in that, generally, the former adopts an integrated approach to illness and health, considering the full range of factors that may determine or affect wellness. For example, in traditional systems of healthcare in most

¹⁴⁰ Brenda Sabo, Michel R. Joffrey, and Timothy Williams, “How to Deal with Medically Unknown Symptoms,” *Western Journal of Medicine* 172, no. 2 (2000), 128, accessed March 18, 2018, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1070774/>.

¹⁴¹ Marie Eliassen et al., “Somatic Symptoms: Prevalence, Co-Occurrence and Associations with Self-Perceived Health and Limitations Due to Physical Health—A Danish Population-based Study,” *PLOS* 11, no. 3 (2016): 1506, accessed March 7, 2017, <http://journals.plos.org/plosone/article?id=10.1371/journal.pone.0150664>.

¹⁴² See for example, *WHO Guidelines on Safety Monitoring of Herbal Medicines in Pharmacovigilance Systems* (Geneva, Switzerland: World Health Organization, 2014), 1, accessed October 23, 2017, <http://apps.who.int/medicinedocs/documents/s7148e/s7148e.pdf>.

¹⁴³ WHO, *Legal Status of Traditional Medicine and Complementary/Alternative Medicine: Worldwide Review* (Geneva: WHO, 2001), 2, accessed March 7, 2017, <http://apps.who.int/medicinedocs/en/d/Jh2943e/>.

African societies, causation may involve physical, spiritual, and supernatural factors.¹⁴⁴ As Peter F. Omonzejele puts it, “For the traditional African, health is not just about the proper functioning of bodily organs. Good health for the African consists of mental, physical, spiritual, and emotional stability [of] oneself, family members, and community.”¹⁴⁵ Such an integrated approach has its roots in African pluralist views of reality.

This balance between the visible and the invisible in traditional healing practices is lacking in biomedicine, which focuses exclusively on the body, for which many writers have criticized the model for being less holistic. These critics contend that illness is a wider, and far more holistic concept than disease, and that factors that may affect health are both somatic and non-somatic, extending beyond anatomical and patho-physiological causes that are the limit of biomedicine. As Airhihenbuwa notes, the definition of abnormality in biomedicine is inadequate, since it focuses only on biology and ignores culture and psyche.¹⁴⁶

In fact, other medical researchers have bluntly accused biomedicine of disparaging the human body through its materialist approach. Those critics contend that biomedicine deemphasizes humanity and simply equates health with a commodity that can be bought. One aspect of the commodification of the body is the marginal physician-patient interaction. One opponent of this approach, Professor Omar Hasan Kasule, a Ugandan epidemiologist and professor of medicine at the University of Brunei, illustrates this aptly:

The materialist background dehumanizes and demystifies the body and treating[sic] it

¹⁴⁴ Peter White, “The Concept of Diseases and Health Care in African Traditional Religion in Ghana,” *Theological Studies* 71, no. 3 (2015): 2762, accessed November 4, 2017, <https://hts.org.za/index.php/hts/article/view/2762/6010>.

¹⁴⁵ “African Concepts of Health, Disease, and Treatment: An Ethical Inquiry,” *The Journal of Science and Healing* 4, no. 2 (2008): 120, accessed March 8, 2017, [http://www.explorejournal.com/article/S1550-8307\(07\)00453-3/fulltext](http://www.explorejournal.com/article/S1550-8307(07)00453-3/fulltext).

¹⁴⁶ Airhihenbuwa, 49-51.

like a ‘machine,’ a ‘thing,’ or a ‘physico-chemical phenomenon. Besides, dehumanization, it depersonalizes the patient who is looked at as a case of pathology and not as a human. It is more interested in the disease and not the person. A technical relation replaces the human physician-patient bond. Patients do not get emotional and psychological satisfaction from encounters with physicians even if their pathological disorders are resolved satisfactorily.¹⁴⁷

Thus, Airhihenbuwa contends that given its population-based focus, public health’s reliance on the biomedical model raises several important concerns, regarding particularly the denial of the cultural expressions of non-European peoples in health promotion initiatives.¹⁴⁸ While the assumptions of biomedicine might be scientifically accurate, other explanations do have powerful cultural meaning and significance that may influence people’s health-seeking behaviors and impact how disease affects a society. In the context of contemporary healthcare, integration of the various health models is key to achieving success in health promotion. Such an approach is characterized by what Conquergood describes as a “dialogical exchange,” by which he stresses mutual knowledge sharing and collaboration between the practitioners of biomedicine and members of the intervention community.¹⁴⁹ A culturally sensitive public health intervention is one that encourages dialogue with the community it seeks to serve, and that explores various possibilities and mobilizes local resources, including local knowledge of disease and treatment practices which have important cultural implications.

The Case of Ebola

¹⁴⁷ Omar H. Kasule, *A Critic of the Biomedical Model of Medical Practice* (Oxford: University Press, 2005), 21.

¹⁴⁸ See, Ebo, *American Media and African Culture*, 15-16 and Fulvio Mazzocchi, “Western Science and Traditional Knowledge: Despite the Variation, Different Forms of Knowledge can Learn from Each Other,” *EMBO Reports* 7, no. 5 (2006): 468, accessed April 22, 2017, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1479546/>.

¹⁴⁹ Conquergood, 182.

In order to begin with the actual analysis of Ebola narratives, it is crucial to gain basic knowledge about Ebola and its cultural ramifications. The Ebola virus disease (EVD) is a hemorrhagic sickness. The virus belongs to one of the four subtypes of the poorly understood Filoviridae virus family.¹⁵⁰ The disease derives its name from the Ebola River in Zaire, now the Democratic Republic of Congo (DRC), where scientists discovered the first cases of the viral outbreaks in 1976.¹⁵¹

Although sporadic cases of the disease have erupted and been contained since the first cases, not much is known about the virus. In fact, its source of infection and natural history are unclear. Amidst inconclusive evidence, monkeys and fruit bats remain suspects.¹⁵² Ebola is transmitted by direct or indirect contact (such as through a contaminated environment) with the blood or bodily fluids of an infected person or animal. This transmission pattern renders both family members of EVD-infected persons and health workers who provide care to Ebola patients highly susceptible to the infection.¹⁵³ From the day of infection, Ebola takes between two to 21 days to cause symptoms. The highly variable incubation period also means that diagnoses, if even possible, are often late.¹⁵⁴ When symptoms appear, they include initially sore throat, headache, muscle pain, fatigue, and fever. These are followed by rash, diarrhea, vomiting, and symptoms of impaired kidney function.¹⁵⁵

¹⁵⁰ Derek Gatherer, "The 2014 Ebola Virus Disease Outbreak in West Africa," *Journal of General Virology* 95 (2014):1619, accessed August 2, 2017, <https://www.ncbi.nlm.nih.gov/pubmed/24795448>.

¹⁵¹ Kevin B. Laupland and Louis Valiquette, "Ebola Virus Disease," *Canadian Journal of Infectious Disease and Microbiology* 25, no. 3 (2014): 128, accessed August 2, 2017, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4173971/>.

¹⁵² Agosto, Teboh-Ewungkem, and Gumel, 96.

¹⁵³ Ibid.

¹⁵⁴ Agosto, Teboh-Ewungkem, and Gumel, 96.

¹⁵⁵ Gatherer, 1619.

Ebola is not only highly contagious, but also very fatal. The disease kills between 25 to 90 percent of those infected. The virus has no known cure or vaccine, leaving healthcare workers only able to treat symptoms.¹⁵⁶ Current prevention centers on non-pharmaceutical strategies such as education and public awareness. Ebola outbreaks, such as with those that struck West Africa recently, are often characterized by much social crisis. As researchers such as anthropologist Erin Cock argue, the limitation of knowledge surrounding Ebola contributes to the fear and hysteria.¹⁵⁷ Additionally, one may argue that one of the major concerns with Ebola lies heavily in the fact that the disease is highly social. A social disease, according to Cock, is one with broader economic, political, historical, and social implications, whose meaning is fluid and variable depending on those various contexts.¹⁵⁸ An epidemic itself is both a medical and social occurrence. The medical aspect relates to the severity of the outbreak and its case fatalities, which surpass the normal. Socially, an epidemic disrupts the life of a community and causes uncertainty, fear, blame, and flight. The term “epidemiology,” the study of disease outbreak, derives from the ancient Greek *epi demos*, meaning “upon the people or community.” This original definition suggests the broader, social meaning of an epidemic.¹⁵⁹ But Cock claims that the meanings associated with a social disease vary with the context in which the disease occurs.¹⁶⁰ It is this contextually-varied interpretation of the disease that this thesis examines.

¹⁵⁶ Augusto, Teboh-Ewungkem, and Gumel, 96.

¹⁵⁷ Laupland and Valiquette, 129.

¹⁵⁸ *Free Market Tuberculosis: Managing Epidemics in Post-Soviet Georgia* (Nashville: Vanderbilt University Press, 2013), 1-7.

¹⁵⁹ Annemien Haveman-Nies, Sofieke Jansen, Hans Van Oers, and Pieter van tVeer, “Epidemiology in Public Health Practice,” *American Journal of Epidemiology* 174, no. 7 (2011): 871, accessed March 7, 2017, <https://academic.oup.com/aje/article/174/7/871/116502>

¹⁶⁰ Cook, 6.

How did the media and the experts interpret the Ebola outbreak in West Africa? What factors influenced such interpretations? And what impact did these accounts have socially for African communities?

CHAPTER 3
METHODOLOGY
Content Analysis

This thesis utilizes content analysis to examine mainstream Western media's and Western health experts' representations of cultures in Ebola-ravaged communities in West Africa.

Content analysis is a qualitative research technique used in social science research to interpret meaning in text data. Data sources for content analysis may consist of texts in various formats, including video, picture, and audio.¹⁶¹ One advantage of the method is that it allows researchers to quantify patterns in communication in a replicable and systematic manner.¹⁶² Content analysis also offers the flexibility for researchers to use a family of analytic approaches ranging from impressionistic, intuitive, and interpretive analyses to systematic, strict textual analyses.¹⁶³

Because of this flexibility, the number of studies using content analysis has grown exponentially in recent years. According to Hsiu-Fang Hsieh and Sarah E. Shannon, nursing faculty members at Fooyin University and the University of Washington Seattle, respectively, there were more than 4,000 studies globally that reported using content analysis between 1991 and 2002.¹⁶⁴

¹⁶¹ Richard H. Kolbe and Melisa S. Burnett, "Content Analysis: An Examination of Applications with Directives for Improving Research Reliability and Objectivity," *Journal of Consumer Research* 18, no. 2 (1991): 244, accessed September 2, 2017, <https://academic.oup.com/jcr/article-abstract/18/2/243/1786851>.

¹⁶² "Three Approaches to Qualitative Content Analysis," *Qualitative Health Research* 15, no. 9 (2005):1277, accessed August 12, 2017, <https://www.ncbi.nlm.nih.gov/pubmed/16204405>.

¹⁶³ Klaus Krippendorff, *Content Analysis: An Introduction to its Methodology* (Beverly Hills, CA: SAGE, 1980), 4.

¹⁶⁴ Hsieh and Shannon, 1277.

Hsieh and Shannon also identify three approaches to content analysis, each having their respective advantages and shortcomings. These are conventional, directed, and summative analysis.¹⁶⁵ All three approaches are used to interpret meaning from the content of text data. They differ mainly with respect to coding schemes and origins of codes. Hsieh and Shannon summarize the differences between the three approaches in this way:

In conventional content analysis, coding categories are derived directly from the text data. With a directed approach, analysis starts with a theory or relevant research findings as guidance for initial codes. A summative content analysis involves counting and comparisons, usually of keywords or content, followed by the interpretation of the underlying context. The authors delineate analytic procedures specific to each approach and techniques addressing trustworthiness with hypothetical examples drawn from the area of end-of-life care.¹⁶⁶

Summative analysis was preferable for this study because its coding scheme is more convenient and it is more credible compared to the other approaches. For instance, with a directed approach that draws upon findings of other research to guide coding, chances are high that such prior findings may negatively influence the coding and data interpretation process. By contrast, coding with summative analysis is based directly on the text being evaluated, thus minimizing external influences. Overall, the most compelling reason for preferring content analysis in this study is to minimize my own bias, since I hail from one of the most Ebola-affected countries. Using this approach allows for making interpretations based on the text contents.

Typically, the first step involved in a study using a summative approach to qualitative content analysis is to identify and quantify words or content in the text. The goal of this quantitative exercise is to promote an understanding of the contextual use of the words or text

¹⁶⁵ Hsieh and Shannon, 1277.

¹⁶⁶ *Ibid.*, 1278

content. This quantification of words, known as manifest content analysis, also allows the researcher to explore usage.¹⁶⁷ In some cases, depending on the nature of the study and what the researcher intends to do with the data, the analysis may stop at this stage and instead focus on counting the frequency of specific words or content. Often, however, a summative approach to qualitative analysis progresses to latent analysis, which refers to the process of identifying underlying themes and tones in the content.¹⁶⁸ That was the approach used in the current study.

Despite its benefits, summative analysis has a few disadvantages. First, a researcher using this approach might miss out on the broader meanings presented in the data. Second, where meanings in the text data are not explicit, the researcher's interpretations may be susceptible to subjectivity.¹⁶⁹ Such was precisely the major exchange encountered with the use of the approach in this thesis. Quite often, the meaning embodied by many of the contents examined were relatively obtrusive, so that one could easily tell what such contents imply. In some cases, however, it was difficult to determine what the authors' intentions were, and this situation was common with the media contents. Journalistic writing, as Ojo notes, is fond of presenting dramatic imagery and the exaggerated use of flowery metaphors, which, even if not intended to cause harm, may be interpreted by the public—depending on who is looking at it—as conveying negativity.¹⁷⁰ Media use of certain words and phrases in the contents examined sometimes created ambiguity of intentions, and my interpretations in those situations could be subjective.

¹⁶⁷ Earl Babbie, *The Practice of Social Research* (Belmont, CA: Wadsworth Publishing, 2015), 322

¹⁶⁸ *Ibid.*, 323.

¹⁶⁹ Hsieh and Shannon, 1283-1284.

¹⁷⁰ Ojo, 43.

Selection of Sources and Sampling Strategies

Data for this study came from three categories of sources relating to the 2014 Ebola outbreaks in West Africa. The sample included ten (10) journal articles, twenty (20) news articles and opinion pieces, and two reports, one by the World Health Organization (WHO), and the other by the Humanitarian Policy Group (HPG), a UK-based humanitarian coordination and policy development group. The lead author of the HPG report, Marc Dubois, was the executive director of Médecins Sans Frontières-UK (in English, Doctors Without Borders) up until October 2014, during the heat of the Ebola outbreak. MSF-UK was one of the few relief agencies that took part in the Ebola response.¹⁷¹ Generally, for inclusion, a text must (1) discuss or cover issues related to the 2014 Ebola outbreaks; (2) be written in no other language than English; and (3) be authored by someone from the West, preferably a public health or medical practitioner or a health scholar. These inclusion criteria (particularly the first and third counts) are consistent with the scope and focus of the study. Narrowing the texts to those relating to the 2014 outbreaks ensures data manageability. It also guarantees that the contents concern the studied population, since previous outbreaks of the virus occurred in other regions of Africa, while only the 2014 outbreaks mostly affected Liberia, Sierra Leone, and Guinea. Furthermore, the subject of study is how Western media and health experts represent culture in Ebola-affected communities, thus the need to limit the sample to this group. The language requirement is primarily for convenience. As the researcher, the only European language of which I have working knowledge is English. Working with texts written in English was, therefore, inevitable.

In addition to the above generic criteria, other selection and search methods used differed slightly between different categories of data sources. Searches for the journal articles involved

¹⁷¹ The US Center for Disease Control (CDC) has on its website a list of relief agencies that took part in the Ebola response, retrieved August 28, 2017, https://www.cidi.org/ebola-ngos/#.WoH4fp3wYdU_

using East Tennessee State University Sherrod Library's online databases and the Google Scholar search engine via three health science databases, including PubMed/MEDLINE, Biomedical Sciences, and EMBASE, as well as Journal Storage (JSTOR). When an article met the first two criteria mentioned above, the next step was to determine its authorship identity. This process initially considers names, using my own knowledge of European names as a starting point. This exercise, however, did not ignore the fact that names, while they might provide important clues, are not absolutely determinant of one's national or regional identities. To fully establish that the author hails from the West or has a Western background, it became relevant to perform additional searches, matching the name with profiles in other online databases. Where possible, the search extended to examining curriculum vitae (CVs) on educational institutions' websites as well as on other professional networking sites (e.g., LinkedIn, VisualCV, and Zerply), comparing them with the name searched and ascertaining whether the article in question was among the list of publications credited to the CV's owner. This helped to prevent misidentification.

Of the ten articles, one presented a criterion challenge, particularly as it relates to authorship identity. Three out of nine of the article's authors were Africans and the remaining six were Europeans. Since the tenth article's content was revealing of the very issues crucial to the study, I accepted it, relying on the principle of authorship hierarchy within research tradition. The first two authors of the article were Europeans. Most literature on research practice, especially that in the scientific disciplines, agrees that in the case of a multi-authored publication, the order in which authors are listed determines the scope of responsibility and the magnitude of

contribution by individual authors, with the level of responsibility shrinking in the sequence from the first to the last author.¹⁷²

In the case of the news articles and opinion pieces, data came from print and online news sources. These sources of news were chosen primarily because they are easily accessible. Additionally, print and digital news are important sources of information at individual and institutional levels. Print and digital news also are of high interest because they have a relatively longer presence compared to broadcast news, and may continue to inform individual and institutional-level decision-making in the Ebola-affected region. Moreover, some of the digital news outlets, especially the major ones such as the BBC and CNN, also have broadcast platforms which have the highest penetration among foreign media covering Sub-Saharan Africa.¹⁷³ Given a tradition in the news media wherein news institutions with multiple outlets feature the same events simultaneously on the various platforms,¹⁷⁴ it is reasonable to assume that some of the stories contained in the selected print and digital news sources also appeared in radio and television news during the period of the Ebola outbreaks.

Basically, obtaining data on the outbreaks involved subscribing to and accessing various media outlets' online archives and using the search word "Ebola" to filter relevant articles.

¹⁷² See for example Klaus Krippendorff, Teja Tschardtke, Michael Hochberg, Tatyana A. Rand, Vincent H. Resh, and Jochen Krauss, "Author Sequence and Credit for Contributions in Multiauthored Publications," *PLoS Biology* 5, no. 1 (2007): 18, accessed September 1, 2017, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1769438/> and the *British Medical Journal's* rules on authorship and contributorship, accessed September 5, 2017, <http://www.bmj.com/about-bmj/resources-authors/article-submission/authorship-contributorship>.

¹⁷³ According to a 2007 Pew's Global Attitudes Survey, the *BBC* and *CNN* have the highest reach among foreign news sources covering Sub-Saharan Africa. See chapters 7 and 8 of the survey report, accessed September 12, 2017, <http://www.pewglobal.org/2007/10/04/chapter-7-where-people-get-their-news/>. Also, in 2016, the BBC through its Global Audience Measure (GAM) announced that its weekly audience in Africa rose to a record 111 million in August 2016, the biggest for foreign news outlets covering the continent. See the announcement, accessed on September 18, 2017, <http://www.bbc.co.uk/mediacentre/latestnews/2016/weekly-audience-in-africa>.

¹⁷⁴ See the 2016 Reuters' Institute Report on "Digital News Publications", retrieved September 27, 2017, <http://www.digitalnewsreport.org/publications/2016/what-is-happening-to-television-news/>.

Obtaining hard-copy newspapers with articles on Ebola was a bit challenging. Up to the end of December 2017, when I completed active data collection, the Sherrod Library at ETSU had no hard-copy newspaper editions containing articles on Ebola. The librarians at I met at the research support desks both on the first and third floors told me twice that the library did not have such holdings up to the time of my inquiries. The few printed newspaper copies with Ebola- related articles that I accessed were those archived at Jean and Alexander Heard Library at Vanderbilt University in Nashville, Tennessee, where I visited briefly from December 14 to 15, 2017.

The search process considered all types of articles, because the totality of information available to someone accessing these various news sources was of interest. For example, opinion pieces and editorials are sometimes more highly telling of how Ebola is being conceptualized than are actual news reports. The 20 articles that met the inclusion criteria came from 11 print and online news outlets, including seven based in the United States, and four in Britain. The American news outlets included *CNN*, the *New York Times*, the *Washington Post*, *Newsweek*, *PLOS Research News*, the *Daily Beast*, and *Christianity Today*, while the British outlets included the *BBC*, *The Guardian*, *The Daily Mail*, and *New Scientist*.

The search for the reports involved navigating several humanitarian organizations' online portals, using the key search term "Ebola report." Full narrative reports with detailed information on the outbreaks and the response efforts, especially those reports from major Western relief agencies that were actively involved in the Ebola response, were of most interest. Those institutions of interest include Samaritan's Purse, Medical Corps International, Médecins Sans Frontières/Doctors Without Borders (MSF/DWB), and Medical Team International. The search, however, did not produce high yield. Much of what emerged initially were either abridged accounts appearing as sections of the institutions' overall annual reports in 2014 and

2015, or financial reports documenting Ebola-related funding and expenditures. The search also turned up several monthly incidence reports containing Ebola case and fatality data in 2014 and 2015, as well as reviews of the epidemiological situations, all of which were ineligible for the context of the study because they were not exhaustive enough or did not contain sufficient data or opinion for the purpose of the evaluation.

Nevertheless, the search finally yielded two reports that were very useful for the study, one by WHO and the other by HPG. Analyzing content of a WHO report was key because as a leader of the global health campaign, WHO designed and directed the overall Ebola intervention framework.¹⁷⁵ The HPG report, its lead author being MSF UK Branch's executive director from 2008 up to October 2014, during the height of the outbreaks, consists of a process evaluation of the Ebola intervention, highlighting gaps and lessons learned.

Once the search process had concluded, the next step was data entry and initial coding using an Excel spreadsheet. This stage of the analysis was quantitative and involved counting and tallying the words or phrases used most frequently in the texts to contextualize Ebola or to describe the cultures and lifestyles of people in the Ebola-affected communities. Tallying of the most frequently used words occurred separately for each category of data source before the results were merged, to allow for comparison and computation of the total count of the word frequency and percentage.

Although word count was an effective way to develop a quick picture of the texts' content, the objective was not only to execute a count of word frequency, but to capture the narratives of Ebola as they were told by the media and experts. Who was involved in the story?

¹⁷⁵ See WHO Ebola Response Roadmap (2014), accessed September 22, 2017, <http://apps.who.int/iris/bitstream/10665/131596/1/EbolaResponseRoadmap.pdf>

How were they portrayed? What language was used? What meaning did the language suggest? Did the constructions reflect biases? Answering these questions was central to the second stage of the analysis, which involved identifying tone and connecting recurrent themes using latent analysis, which allows one to determine the underlying meaning that words and phrases convey.¹⁷⁶

This process involved, especially for the news articles, scrutinizing the first four or five sentences of an article to establish its overall tone and framing. This goes back to the concept of the “inverted pyramid” in journalistic writing, whereby information is prioritized from top to bottom of the news stories and the most important information is presented early in the “lead” to capture and hold readers’ attention. The lead is the opening paragraph and most relevant part of a news story. A good lead is clear, concise, and contains the “hook” that draws readers’ interest and engages them in the story. In short, the lead establishes the voice and direction of an article.¹⁷⁷ A similar method was used to determine trends and initial meanings conveyed by the rest of the data.

At the end of the exercise, three recurrent themes emerged: myth, ignorance/barbarity, and risk. The theme “myth” signifies how media and Western health experts generally discredit local concepts surrounding illness and treatment and how they regard these concepts as mere superstitions. “Ignorance” captures media’s and experts’ representations of the cultures in Ebola-affected communities as backwards and as a hindrance to enlightened epidemic control efforts. Similarly, “risk” highlights how, often, constructions of Ebola causation emphasize cultures in

¹⁷⁶ Hsieh and Shannon, 1283-84.

¹⁷⁷ James W. Kershner, *The Elements of News Writing* (London: Pearson, 2011), 15-16.

the outbreak region as risk factors. These themes encapsulate the ways the writers of the texts generally represented cultures and lifestyles of people in the Ebola-affected region.

These themes provide the framework for the discussion that follows, which makes use of narratological analysis. As a feature of narrative analysis, another qualitative research approach, narratological analysis enables researchers to discuss text content and to place in a broader context the ways in which narratives operate and how they affect perception.¹⁷⁸ Drawing from this approach, the ensuing discussion consists of my interpretation of the data and where necessary, my construction of counter-narratives that draw on existing knowledge of culture and lifestyles in the Ebola-affected region, as they appear in other accounts and through my own personal experience.

¹⁷⁸ Gerald Prince, "Narrative Analysis and Narratology," *New Literary History* 13, no. 2 (1982), 181-82, accessed March 7, 2018, https://www.jstor.org/stable/468908?seq=1#page_scan_tab_contents.

CHAPTER 4

RESULTS, ANALYSIS & DISCUSSION

Data Presentation

Table 1 below shows the thirty most-frequently used words in the surveyed texts. Consistent with the study's focus, word-count was limited to words that specifically describe customs or mores or that relate to contexts pertinent to lifestyles and cultures in the Ebola-affected region. This scope allowed a close examination of the texts regarding media and scholarly perception and representation of cultures in the outbreak region. There were, however, notably unrelated recurrent words and word phrases that did not form part of the computation, among them "Ebola," "virus," "outbreak," "Liberia," "Sierra Leone," "Guinea," "epidemic," "containment," "case," "fatality," and "emergence."

Table 1: Thirty (30) Most-Frequently Used Words

Rank	Word(s)	Frequency	Percentage
1	Burial/buried	658	18.1%
2	Risk/risky	358	9.7%
3	Tradition/traditional	313	8.4%
4	Bats	289	7.8%
5	Culture/cultural	223	5.9%
6	Bushmeat	200	5.3%
7	Unsafe	195	5.2%
8	Funeral	133	3.4%
9	Violence/Violent	120	3.1%
10	Healer	116	3.0%

Table 1 Continued

Rank	Word(s)	Frequency	Percentage
11	Consumption	106	2.7%
12	Beliefs/believe	98	2.5%
13	Touching	96	2.4%
14	Myths	79	1.9%
15	Misinformation	76	1.8%
16	Barrier	74	1.8%
17	Hamper/hampered	73	1.8%
18	Detrimental	67	1.6%
19	Perceive/perceived	67	1.6%
20	Hoax	63	1.5%
21	Harmful	61	1.4%
22	Superstitious	59	1.4%
23	Claim/claiming	56	1.3%
24	Custom	55	1.3%
25	Threat/threatening	53	1.2%
26	False	52	1.2%
27	Vulnerable	39	0.8%
28	Fear(s)	38	0.8%
29	Unprotected	37	0.8%
30	So-called	33	0.6%

Analysis and Discussion

An examination of the first ten most-frequently used words in the table above shows that the texts exoticized Ebola as an “African situation,” associated with “traditional” practices, local customs, and cultural beliefs. The disease has been conceptualized as a result of African ignorance and backwardness. Throughout the studied texts, the media, scholars, and official reports alike constructed several causal theories that largely attributed the outbreaks to “risky” behaviors of people in the affected communities. Sporadically, there were references to structural contributing factors such as poor healthcare systems and the deplorable infrastructure in the three most-affected countries,¹⁷⁹ but attributions to these conditions were scanty compared to the emphasis placed on culture and traditional beliefs and customs as the fundamental forces that conditioned the emergence and spread of Ebola.

Many of these narratives blaming African populations affected by the outbreak, often are based on assumptions, such as, for instance, the bushmeat theory. Not one scientist has been able to establish definitively that non-human animals are certainly an Ebola transmission pathway to human animals. So far, all references to the suspected non-human animal species (e.g., fruit bats, chimpanzees, and monkeys) only suggest possibility. For example, one article published in the *BMC Medicine* in April 2015 asserts, “The natural reservoir and host of the EBOV is considered (albeit not yet proven) to be fruit bats of the Pteropodidae family. It is hypothesized that the virus is introduced into the human population when a human comes into contact with the blood, organ

¹⁷⁹ See for example, WHO, *One Year into the Ebola Epidemic: A Deadly Tenacious and Unforgiving Virus* (Geneva: WHO, January 2015), 5-6, accessed November 1, 2017, <http://www.who.int/csr/disease/ebola/one-year-report/introduction/en/> and Marc DuBois and Caitlin Wake, *The Ebola Response in West Africa: Exposing the Politics and Culture of International Aid* (London: HPG Working Group, 2015), 9-12.

secretions or bodily fluids of an animal infected with the EBOV.”¹⁸⁰ Also, in its July 2017 article aimed at creating public awareness of Ebola, the CDC writes,

Because the natural reservoir host of Ebola has not yet been confirmed, the way in which the virus first appears in a human at the start of an outbreak is unknown. However, scientists believe the first patient becomes infected through contact with an infected animal, such as a fruit bat or primate (apes and monkeys). This is called a spillover event. Person-to-person transmission follows and can lead to large numbers of affected persons. In some previous Ebola outbreaks, primates also were affected by Ebola and multiple spillover events occurred when people touched or ate infected primates.¹⁸¹

The two references cited above and several others in the Ebola literature generally describe as “unproven,” the link between Ebola transmission from wild animals to non-human animals. Yet, in the absence of concrete evidence, bushmeat consumption is one of the most-emphasized causal factors in most of the texts examined. As the quantitative analysis shows, “bushmeat” is the sixth most frequently used word in the texts examined, appearing about 200 times and accounting for 5.3 percent of the overall word count. As subsequent passages will demonstrate, when most of the accounts examined make reference to bushmeat, they do so with the impression that poverty is the main driver of bushmeat consumption in West Africa and that such impoverished condition has subjected the people of the region to expose themselves to the pathogen-infested wild, causing them to contract Ebola. This is inaccurate because not everyone who eats bushmeat in the region is poor.

Predominantly, these accounts represent cultures in the three most Ebola-affected countries as drivers and risk factors of Ebola. Through various narratives such as the bushmeat

¹⁸⁰ Folashade B. Agosto, Miranda I. Teboh-Ewungkem, and Abba B. Gumel, “Mathematical Assessment of the Effect of Traditional Beliefs and Customs on the Transmission Dynamics of the 2014 Ebola Outbreaks,” *BMC Medicine* 13 (2015): 96, accessed July 15, <https://bmcmmedicine.biomedcentral.com/articles/10.1186/s12916-015-0318-3>.

¹⁸¹ CDC, “Questions and Answers About Ebola, Pets, and Other Animals,” published July 24, 2017, accessed March 20, 2018, <https://www.cdc.gov/vhf/ebola/transmission/qas-pets.html>.

hypothesis mentioned above, media and experts generally tend to blame the affected West African communities for contributing to the spread of Ebola by means of their cultural practices. This pattern echoes with what Barbara Harrel-Bond notes in her analysis of refugee assistance programs: “[I]t is alarming to observe that assistance programs are dominated by an ethos in which the victims of mass exodus are treated as the villains.”¹⁸²

Harrel-Bond’s analysis speaks deeply to how those who have power at their disposal are able to use it in ways that result in the further exploitation of those already vulnerable members of the society needing assistance. In the current case, the Ebola narrations as contained in several of the accounts examined tend to regard the affected West African communities as contributing to the problem that they became victims of. Going forward to a detailed discussion of the various themes mentioned above, it is important to note, however, that there might be some cases in which, although the author might not have harbored prejudice or harmful intentions, carelessness in the use of some words and phrases might have left room for negative interpretations. In the context of media reporting, Ojo observes similar issue in his content analysis of the *Globe and Mail* coverage of Africa, where he notices that perhaps the newspaper’s obsession with sensationalism, as is typical of the media, could have accounted for its projection of images that that suggested negativity and prejudice. Ojo writes,

Although this may not have been the intention, the dramatic imagery and exaggerated use of flowery metaphors made them so. Yes, graphic imagery and flowery metaphors make for good story-telling from a media standpoint, but the technique also reinforces ‘the notion of mainstream newscasting as a medium of negativity’ for the general public.¹⁸³

¹⁸² Barbara Harrell-Bond, *Imposing Aid: Emergency Assistance to Refugees* (New York: Oxford University Press, 1986), 82.

¹⁸³ Ojo, 43.

Myths

“Myths” as a theme is evident in many constructions about Ebola’s connection to several cultural practices and belief systems, but is perhaps most notable with the narrative regarding knowledge of disease and treatment practices in the Ebola-affected communities. Largely, media reports and scholars and official accounts often represent African beliefs about disease etiology and treatment practices as ignorant, backwards, and mythical, supposedly hindering or counteracting more enlightened epidemic control efforts. Interestingly, here is perhaps one of the greatest demonstrations of anthropologist Jared Jones’ charge that, “Biomedicine, as a form of science, thus holds a privileged position in Western societies, as the arbiter of the divide between ‘knowledge’ and ‘belief,’ the first denoting universal truth and the latter a mere presupposition with a connotation of error.”¹⁸⁴ In short, they believe, we know.

As will be demonstrated in the next paragraphs, throughout the sampled texts, the media and experts negatively contrasted traditional healers and their treatment methods and practices with those of practitioners of biomedicine. Unanimously, those accounts confirmed the expertise and authority of biomedical practitioners. The writers revered their opinions and gave credence to their warnings. By contrast, most of the sources, especially the media and scholarly accounts, conspicuously disdained traditional healers and questioned and discredited their cultural authority. Pejorative nomenclatures such as “witchdoctors” and “sorcerers” were often how the media and scholars referred to traditional healers. They also regarded traditional concepts of illness as mere presuppositions and discounted them with words such as “claims,” “perceived,”

¹⁸⁴ Jared Jones, “Ebola, Emerging: The Limitations of Culturalist Discourses in Epidemiology,” *The Journal of Global Health* 12, no. 3 (2014): 6, accessed August 17, 2017, <http://www.ghjournal.org/ebola-emerging-the-limitations-of-culturalist-discourses-in-epidemiology/>.

“superstitious,” “false,” and “beliefs,” and similarly branded traditional healing methods as “detrimental,” “threatening,” and “unsafe.”

These descriptions and the overall discourse focused on rejecting the legitimacy of traditional healers and their services, which might explain some of the social resistance to the 2014 Ebola response. Traditional healers occupy an important place in many indigenous African societies. In Liberia, for instance, traditional healers are highly respected members of many rural communities and remain at the center of decision making in those societies. Traditional healers, generally, are ascribed the titles “chief” and “Zoe,” in recognition of their healing power and profound wisdom.¹⁸⁵ Such a negation of their authority arguably constitutes an attack on long-standing values in those communities and explains in part why opposition to the Ebola response was inevitable.

This predisposition to discount African traditional medical practices and promote the supremacy of Western medicine is obtrusive in a September 30, 2014, *New York Times* online article captioned: “Witchdoctors Cash in on Ebola Misery.” The *Times* lead reads satirically, “The heart of a cobra and the eyeball of porcupine—along with a payment of £200—can cure ebola, according to witchdoctors working [in] the west African region hit by the epidemic that has killed at least 3,091 people this year.”¹⁸⁶ The story then continues,

Bogus traditional healers argue that ebola is simply witchcraft, so witchdoctors are needed to cure it—and in a region where there is dire health provision, and an absence of modern medical knowledge, the frightened people of Liberia, Sierra Leone and Guinea have turned to them in growing numbers. A Nigerian man styling himself as Dr. Zack Balo claims to be able to cure ebola with various animal parts and £200. Other

¹⁸⁵ Olukoju, 54.

¹⁸⁶ Ruth Maclean, “Witchdoctor Cash in on Ebola Misery,” *New York Times*, September 30, 2015, accessed December 12, 2017, <https://www.thetimes.co.uk/article/witchdoctors-cash-in-on-ebola-misery-0zzld5wgjmc>.

witchdoctors suggest bathing in a salt water at midnight, eating raw onions for three days, or daily spoonful of condensed milk.¹⁸⁷

The *New York Times* seems to discredit generally the authority of traditional healers, not just those of them that engage in fraudulent healing practices, although one cannot rule out the possibility that some traditional healers may engage in scams. This generalization is apparent in the paper's claim (as contained in the above passage) that the absence of modern medical knowledge in the region created the condition for people to resort to traditional healers. Here, traditional healers are represented not as viable healthcare providers, but as "problems" resulting from the absence of modern medicine. In other words, if modern medicine had been more accessible in the region, there would be little need for recourse to traditional healers, whom the writer described as "bogus." Although the *Times* reached no specific conclusion about traditional healers in this article, what is worth noting is the paper's effort to discredit the authority of traditional healers, which perpetuates the oppression of traditional knowledge systems.

Within hours of the *Times*' publication, another US news provider, *Christianity Today*, republished the story online, crafting its own terrifyingly sensational headline, "Ebola Outbreak: How Witchdoctors and Corpses Being Kissed are Spreading the Disease."¹⁸⁸ A Christian magazine based in Carol Stream, Illinois, *Christianity Today* published the story with some modifications and its own analysis. The magazine was even striking with its biased contrasting of traditional medicine and modern medicine anchored on the biomedical model. The magazine introduces the story with a demeaning representation of traditional healers:

¹⁸⁷ Maclean.

¹⁸⁸ Carey Lodge, "Ebola Outbreak: How Witchdoctors and Corpses being Kissed are Spreading the Disease," *Christian Today*, September 30, 2014, accessed December 12, 2017, <https://www.christiantoday.com/article/ebola.outbreak.how.witchdoctors.and.corpses.being.kissed.are.spreading.the.disease/41118.htm>.

Traditional healers and witchdoctors in West Africa are contributing to the spread of Ebola, the Times reports. According to the newspaper, a significant number of people are claiming to be able to heal the virus through witchcraft, and are encouraging locals to eschew Western medicine in favour of their own costly techniques... Cases of people flocking to see these so-called healers has resulted in the disease spreading further, as the witchdoctors themselves often contract Ebola, which is spread through contact with the body fluids of an infected person.¹⁸⁹

As the story progressed, in the next few paragraphs, it made a dramatic positive change in tone and language when it began making attributions to a Western health expert,

The director of the London School of Hygiene and Tropical Medicine last week warned that traditional practices, such as touching and kissing the corpse during the funeral, is also contributing to the spread of the disease. Peter Piot, who was among the first to identify Ebola in the 1970s when it broke out in the Democratic Republic of Congo, said that dead bodies are able to host the virus and transfer it to the living.¹⁹⁰

Again, the above passages from *Christianity Today* article demonstrate the predisposition by the media and the experts to disparage tradition healers and traditional knowledge systems without making effort to understand what those practices entail. The magazine assumes that traditional healers simply engage in witchcraft, using such pejorative words as “witchdoctors” to describe them. From my own personal experience, in Liberia, the word “witch” is not just pejorative; it carries a serious negative connotation. A witch in the Liberian society is one who uses magical powers to commit evil, especially to kill, often through transforming him/herself from the physical to the spiritual realm. Witchcraft is a grave social offense and when caught, a witch often is punished by death. Traditional healers are respected community leaders who offer their knowledge and expertise in providing health solutions to the communities. They are not witches or “witchdoctors” as the various Western accounts have depicted them.

¹⁸⁹ Lodge.

¹⁹⁰ Ibid.

The point here is not to argue the possibility that some traditional healers might have contracted Ebola or they might have infected others in the process of providing treatment. Of course, as Agosto, Teboh-Ewungkem, and Gumel note, “Individuals with high risk of exposure to EBOV are the immediate family members of Ebola-infected humans and health-care workers who treated Ebola-infected patients.”¹⁹¹ In fact, according to David K. Evans, Markus Goldstein, and Anna Popova, the 2014 Ebola deaths have been disproportionately concentrated among health personnel. They report that “By May, 2015, 0·02% of Guinea's population had died due to Ebola, compared with 1·45% of the country's doctors, nurses, and midwives. In Liberia and Sierra Leone, the differences are more dramatic, with 0·11% and 0·06% of the general population killed by Ebola versus 8·07% of the health-care workers in Liberia, and 6·85% in Sierra Leone.”¹⁹² Also, the two people who contracted Ebola in the US were healthcare workers.¹⁹³ Hospitals and clinics became the epicenters of Ebola transmission during the epidemic to the extent that people began avoiding those healthcare centers.¹⁹⁴

Providing these statistics is necessary to underscore that traditional healers, like any other healthcare workers on the frontline of Ebola, were susceptible to the virus. To label them as the “super spreaders” of Ebola is to ignore that even doctors and nurses, who worked in more equipped facilities and had access to protective gears and other preventive apparatuses, still were vulnerable to the virus and recorded the highest deaths. Granted that traditional healers might

¹⁹¹ Agosto, Teboh-Ewungkem, and Gumel, 96.

¹⁹² David K. Evans, Markus Goldstein, and Anna Popova, “Healthcare Workers Mortality and the Legacy of the,” *The Lancet* 3, no. 8 (2015), 239, accessed April 2, 2018, [http://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(15\)00065-0/fulltext](http://www.thelancet.com/journals/langlo/article/PIIS2214-109X(15)00065-0/fulltext).

¹⁹³ Ibid.

¹⁹⁴ See CDC, “Review of Human-to-Human Transmission of Ebola Virus,” accessed October 4, 2017, <https://www.cdc.gov/vhf/ebola/transmission/human-transmission.html>

have been more susceptible to the virus given that many of them lacked or may not have afforded basic protective apparatuses, this could be seen as an opportunity for networking and resource sharing. Instead of marginalizing and labelling them as Ebola's vectors, health workers could have partnered with them and provided them with the necessary resources.

The media was not alone in this campaign of discrediting African traditional medical concepts and modes of treatment. This also was reflected in both official reports (particularly the one by WHO) and scholarly accounts. Consistently, these accounts seek to negate the validity and power of traditional medicine with debasing characterizations. One article contends,

Individuals often look to traditional healers and family members for advice and care despite inexperience of the person providing information...Sick individuals have often opted to listen to traditional healers and rumors about potential 'cures,' for example the use of saltwater baths and drinks that have led to recent deaths in Nigeria. Drinking bleach was also considered a way to rid oneself of Ebola in the Uganda outbreak of 2000-2001. In the 2005 Ebola outbreak in the Congo, traditional healers declared that cursed 'dishonest hunters' caused the outbreak, and many believed this to be true. False information of this sort can significantly affect outbreak dynamics and increase the length and severity of the epidemics.¹⁹⁵

What is missing in such statements is lack of recognition that traditional healers are familiar cultural figures who command the trust and respect of the communities and are accessible to them. Why will health workers assume that the communities will suddenly embrace them, who are perfect strangers, and eschew those with whom they are familiar? In fact, as Conquergood observes, most indigenous communities have come to be wary of bureaucratic relief workers and expatriates, who are bent on importing their "expert" knowledge while expecting the communities to be grateful consumers.¹⁹⁶ Instead of blaming and castigating the communities or traditional healers, it will benefit health workers to build rapport with the

¹⁹⁵ Alexander et al., 16.

¹⁹⁶ Conquergood, 181-182.

traditional healers, who already command the trust of the communities, and whose practices are culturally accepted. This means that health promotion efforts need to adopt a framework that integrates both the medical and the traditional models. Integration in this regard entails knowledge sharing between biomedical health workers and traditional healers. This inclusive approach is what Conquergood describes as “battling recommendations and health practices with traditional healers,” which he attributes to the success of his health campaign among the Hmong refugees in the Tai Ban Vinai Camp during the early 1980s.¹⁹⁷ In the case of West Africa, this collaboration may involve sharing of resources and knowledge between traditional healers and medical practitioners. As mentioned above with the case of Ebola, sharing of resources may entail in part, providing traditional healers with the necessary gears and adopting aspects of their treatment techniques that may be useful in curing some diseases.

In another article, Paul Shears and T.J.D. O’Dempsey, faculty members at Wirral University Teaching Hospital and Liverpool School of Tropical Medicine, respectively, engage in problematizing traditional medical concepts, while at the same time professing to hold an objective that focuses on advancing strategies by which epidemic prevention experts can foster a collaboration with traditional healers to enhance disease prevention and containment efforts. Citing findings of a study on the 2001 Ugandan Ebola outbreak in the Gulu area, their description of models of disease understanding in the Ebola-affected Ugandan communities was quite inaccurate:

The community in this area of northern Ugandan had three explanations of disease: *Yat*, where disease is explained by ingestion of poisons or other harmful substances, managed by traditional healers, with no link to a medical model; *Gemo*, where disease is explained by bad spirits, managed by traditional healers, but where there are some connections with a medical model, e.g. isolation of the patient, a survivor can care for an infected relative,

¹⁹⁷ Conquergood, 182.

houses with ill patients should be identified by branches or poles; and the biomedical model, which fits into the medical approach to EVD prevention and management.¹⁹⁸

Shears and O’Dempsey’s description of human poisoning above, purportedly as a means of developing causal explanations in some African settings, is typical of how, too often, media and experts inaccurately represent African concepts of illness and treatment practices. When discussing local concepts of disease and healing methods, what prevails in media and expert accounts often are images of incivility such as, for instance, how traditional healers administered caustic soda, salt water, and bleach water to people, allegedly as Ebola cures.¹⁹⁹ For example, one article in the *New York Times* contends, “In addition, false claims are circulating about how to treat the disease. The World Health Organization issued a statement warning people against unproven treatments or supposed preventive measures, such as drinking salt water, which has reportedly killed several people in Nigeria.”²⁰⁰ Another article in the November 13, 2014 edition of the *Daily Mail* is titled: “Exclusive: Witchdoctor with ‘Telephone Line to Ancestors who can rid the World of Ebola: Watch Astonishing Video of ‘Healer’ Employed by Government in Liberia.” The article charges that a traditional healer employed by the Liberian government to help in the fight against Ebola, was instead contributing to the spread of the disease. The paper writes,

Ebola is a 'plague' sent to punish ungodly Africans and sinners who have angered God and their ancestors, according to a government witch-doctor fuelling the spread of the disease. In an astonishing video rant filmed by MailOnline, the 'holy man' appointed as

¹⁹⁸ Paul Shears and T.J.D. O’Dempsey, “Ebola Virus Disease in Africa: Epidemiology and Nosocomial Transmission,” *Journal of Hospital Infection* 90 (2015): 4, accessed October 20, 2017, <https://www.ncbi.nlm.nih.gov/pubmed/25655197>.

¹⁹⁹ Alexander et al., 16 and Brenda Nyhan, “Fighting Ebola, and the Conspiracy Theories,” *the New York Times*, August 25, 2014, accessed December 21, 2017.

²⁰⁰ Brendan Nyhan, “Fighting Ebola and the Conspiracy Theories,” *New York Times*, August 25, 2014, accessed December 21, 2017, <https://www.nytimes.com/2014/08/26/upshot/fighting-ebola-and-the-conspiracy-theories.html>.

head of culture in Liberia's Bong County claims only prayer, herbs and tobacco can save the millions of people in danger from the deadly disease ravaging Liberia, Sierra Leone and Guinea.²⁰¹

The mentions of poisoning as the treatment method common to traditional healthcare, is farfetched. WHO estimates that more than half of the world's population rely on traditional healthcare.²⁰² If billions of people in the world depend on that system, then there must be something healing about it or it must have worked for them. It would be misleading to describe in this thesis, specific traditional treatment practices related to Ebola. Traditional healing itself (particularly as practiced in Liberia) is not a homogenous healing system, but varies from region to region and from one individual to the other. Generally, however, the model encompasses treating illnesses with herbs as well as spiritual interventions.²⁰³

By all reasoning, if traditional medicine lacks efficacy and if it is threatening or if its method of treatment entails poisoning, as some media and experts' accounts suggest, people would not continue to flock to these healers. These types of inaccuracies and distortions arguably derive largely from the ethnocentric predisposition in Western medicine. Traditional healing practices, especially those operative in many indigenous African societies, are holistic, integrating the spiritual and physical. The traditional healer deals with the complete person, and provides treatment for physical, psychological, spiritual, and social symptoms.²⁰⁴ This, in part,

²⁰¹ Gethin Chamberlain, "Exclusive: Witchdoctor with 'Telephone Line to Ancestors who can rid the World of Ebola: Watch Astonishing Video of 'Healer' Employed by Government in Liberia," *The Daily Mail*, November 13, 2014, accessed December 20, 2017, <http://www.dailymail.co.uk/news/article-2832986/Witchdoctor-telephone-line-ancestors-rid-world-Ebola-Watch-astonishing-video-healer-employed-government-Liberia.html>.

²⁰² See for example, *WHO Guidelines on Safety Monitoring of Herbal Medicines in Pharmacovigilance Systems* (Geneva, Switzerland: World Health Organization, 2014), 1, accessed October 23, 2017, <http://apps.who.int/medicinedocs/documents/s7148e/s7148e.pdf>.

²⁰³ Olukoku, 42.

²⁰⁴ Peter F. Omonzejele, "African Concepts of Health, Disease, and Treatment: An Ethical Inquiry," *The Journal of Science and Healing* 4, no. 2 (2008): 120, accessed March 8, 2017, [http://www.explorejournal.com/article/S1550-8307\(07\)00453-3/fulltext](http://www.explorejournal.com/article/S1550-8307(07)00453-3/fulltext).

may involve making sacrifices to the ancestors or engaging in divination. As Conquergood notes, these assumptions and practices challenge fundamental Western assumptions about the nature of the world. More often than not, they may offend health officials with professional commitment to the tenants of Western science.²⁰⁵

What one cannot deny is that the traditional health model, like any healthcare system, has its own limitations. As Peter F. Omonzejele notes, traditional healers often do not rely on accurate diagnosis, they sometimes neglect the importance of dosage, they prepare their medicine in unhygienic conditions, and they do not have any structured scheme to disseminate their knowledge.²⁰⁶ Nonetheless, traditional healers play a critical role in meeting health needs in many rural communities and particularly in West Africa. Both models can work together to address the health burdens in those rural communities. For health workers, this process of reconciliation should start with their recognizing the important role of traditional healers, and not undermining their authority. Also, as Airhihenbuwa, Chandra Ford, and Juliet Iwelunmor advise, health practioners should accept as opportunities, cultural logics that at first sight may seem to be challenges.²⁰⁷ The trio contends that too often, many health practitioners consider culture as a threat to health interventions. They encourage interventionists to instead see culture as an asset, since culture is fundamental to the process that informs people's health behavior. Airhihenbuwa, Ford, and Iwelunmor recommend that health promotion campaigns adopt the PEN-3 model. The model, developed by Airhihenbuwa in 1993, underscores the need to place culture at the

²⁰⁵ Conquergood, 178.

²⁰⁶ Omonzejele, 121.

²⁰⁷ "Why Culture Matters in Health Interventions: Lessons from HIV/AIDS Stigma in NCDs," *Health Education and Behavior* 41, no. 1 (2014): 78, accessed July 23, 2017, <https://www.ncbi.nlm.nih.gov/pubmed/23685666>.

forefront of health promotion. It emphasizes three dimensions: cultural identity, relationships and expectations, and cultural empowerment. According to the trio,

whereas conventional models of health behavior change focus primarily on the need to change negative health behaviors and practices, the PEN-3 model encourages health educators and other health interventionists to examine the values and beliefs that either promote, or pose threat to, the desired health behaviors. This approach forces health interventionists to situate any negative values or beliefs within their broader cultural contexts. Far from considering culture to be a barrier or an obstacle, this approach considers culture to be an asset, because it shows how collective identities influence what individuals think or do in relation to their health.²⁰⁸

Airhihenbuwa contends that this approach is lacking in current health promotion framework and that health promotion and disease prevention services continue to operate under the strong and direct influence of the medical Westernized model, although this orientation has been challenged repeatedly for its limitations, especially its inattention to culture.²⁰⁹ One cannot dispute the benefits derived from the medical model; nonetheless, the continued production, acquisition, and dissemination of health knowledge exclusively through the lens of the biomedical model, coupled with the ongoing suppression of the cultural expression of non-Western peoples, is problematic. As Airhihenbuwa notes, such an approach denies the meaningful participation of people and their cultures in positive health decision-making and health behavioral transformation processes.²¹⁰ Health promotion narrowed to the perspective of the Westernized medical model is culturally inappropriate and has remained a fundamental source of the contention that has characterized public health campaigns such as those that took place during the 2014 West African Ebola response. Such an approach to health promotion,

²⁰⁸ Airhihenbuwa, Ford, and Iwelunmor, 78.

²⁰⁹ Airhihenbuwa, xi-xii.

²¹⁰ Ibid.

which Airhihenbuwa describes as “monocentric,” requires serious reconsideration if public health is to have more meaningful impact among populations with the greatest health needs.²¹¹

The words of the late African writer Chinua Achebe during a 1992 interview are profoundly useful in this scenario. Faced with the question of his view on some Western scholars’ approaches to examining African literature through rather mechanical application of Western ideas, Achebe asserted, “Where one thing stands, another thing must stand beside it... This saying ‘there is only one way’ is something which is new to my people.”²¹² As a Pan-Africanist, Achebe frowned at monocentric ideologies inherent in Western domination. Several of his writings focus on such concepts as the doctrine of monotheism with which European missionaries aggressively evangelized Africa beginning the early 19th century, and the impacts such a crusade had on cultures in many parts of the continent.²¹³ The African philosophy of life that Achebe invoked in the above interview excerpt is characteristic of the construction of human reality in many African cultures, which underscores the embracing of multiple truths relative to health, education, politics, religion, and many other areas of decision-making.²¹⁴ The point of introducing Achebe’s quote is to reiterate that there are multiple worldviews to health possibilities and that health solutions cannot be confined to only the biomedical model. It is also to remind health educators and designers of health programs of the need to do away with the

²¹¹ Airhihenbuwa, xi.

²¹² Feroza F. Jussawalla and Reed Way Dasenbrock, *Interviews with Writers of the Postcolonial World* (Jackson: University Press of Mississippi, 1992), 80.

²¹³ Achebe’s early writings center on the impact of the arrival of European missionaries and the introduction and expansion of Christianity in West Africa, with a particular focus on his native Igboland in southern Nigeria. See for example, *Things Fall Apart* (New York: Anchor Books, 1959) and *No Longer at Ease* (Portsmouth: Heinemann, 1960).

²¹⁴ Airhihenbuwa, ix.

notion of a universal truth in health promotion, rooted in the firm reliance on the Westernized biomedical model of health.

Hegemonic attempts to perpetuate what I call the “monopolization of health knowledge and application” in favor of the Westernized biomedical model and to delegitimize traditional systems of health service, are counterproductive. After all, traditional healthcare systems have existed throughout millennia, and have remained the primary source of health solutions for societies for centuries. WHO estimates that up to four billion people (representing 80% of the world’s population) living in the developing world rely on herbal medicinal products as a primary source of healthcare and traditional medical practice which involves the use of herbs is viewed as an integral part of the culture in those communities²¹⁵ The goal here is not to argue the impeccability of traditional medicine or to project equally its supremacy as the oldest model of health. On the contrary, I suggest, as others have done previously,²¹⁶ that both systems can foster genuine collaboration in ways that lead to the production of health benefits derived from a participatory and culturally-sensitive framework. Soliciting the active involvement of the intervention population in health-decision making processes can lead to maximizing health benefits and ensuring sustained positive changes in health behaviors.

Italian biologist Fulvio Mazzocchi makes a strong case for this knowledge system collaboration in his article “Western Science and Traditional Knowledge: Despite the Variation, Different Forms of Knowledge can Learn from Each Other.” Mazzocchi notes that knowledge

²¹⁵ WHO *Guidelines on Safety Monitoring of Herbal Medicines in Pharmacovigilance Systems* (Geneva, Switzerland: World Health Organization, 2014), 1, accessed October 23, 2017, <http://apps.who.int/medicinedocs/documents/s7148e/s7148e.pdf>

²¹⁶ See for example, Conquergood, 182 and Fulvio Mazzocchi, “Western Science and Traditional Knowledge: Despite the Variation, Different Forms of Knowledge can Learn from Each Other,” *EMBO Reports* 7, no. 5 (2006): 467, accessed April 22, 2017, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1479546/>

systems and beliefs are the means by which cultures from all over the world develop understanding of nature and through which they secure their future. He argues that no knowledge system is inappropriate or none should be regarded as superior to the others. Instead, any forms of knowledge make sense only within the cultural context in which they reside. Mazzocchi situates his analysis partly in English anthropologist Gregory Bateson's analogical representation of knowledge. Bateson compares knowledge and its perception to the relationship that exists between the map and the terrain it describes. Mazzocchi quotes Bateson as saying that "just as different maps can give accounts of the same territory, so too can different forms of knowledge about the material world. Its actual representation ultimately depends on the observer's view."²¹⁷

In analyzing the above analogy, Mazzocchi argues that different forms of knowledge are like varied perceptions. Different people could view the same object in different ways, perhaps what one may describe in mathematical language as using different formulas to solve the same problem. Mazzocchi presents his support for viewing knowledge from multiple dimensions by arguing that the historical dominance of science does not mean that other forms of knowledge, particularly traditional forms of knowledge, are less relevant. In fact, the imposition of the ideas and methods of Western science, he contends, amounts to both the destruction of local knowledge and the disruption of existing social and economic relationships. Stated in his own words, "Allowing science to be the final arbiter of the validity of knowledge, and to establish the threshold beyond which knowledge is not worthy of its name, would create the conditions whereby an astonishing cultural heritage is transformed into a monolithic structure."²¹⁸

²¹⁷ Mazzocchi, 464.

²¹⁸ Ibid., 465.

Similar to Conquergood, Mazzocchi proposes what he calls “a dialogue” between different forms of knowledge systems in order to ensure that all forms of knowledge are fairly represented and that each form can learn from the other. According to him,

a renewed approach to dialogue among cultures is required. Such a dialogue can only take place if there is a common principle shared by all participants. All humans from all cultural backgrounds have the same biological nature. At the same time, however, a dialogue is only possible because there is diversity at various levels. Eliminating these differences or staying in rigid isolation eliminates the conditions needed for a potentially mutually beneficial converse. By acknowledging the uniqueness of each knowledge system, we can go well beyond a mere pluralist approach to knowledge. Dialogue can become a tool for social cohabitation, as well as for discovering and enhancing knowledge.²¹⁹

In the same vein, writing from a research standpoint, especially with a focus on North America and Australia, Patricia A.L. Cochran, Catherine A. Marshall, Carmen Garcia-Downing et al have emphasized the need for incorporating indigenous knowledge into health research design. Cochran et al. claim that although inappropriate and clandestine health research that historically risked the lives of indigenous people have ceased generally, what has persisted is the neglect of indigenous ways of knowing in health research, despite a majority of such research claiming to address health problems affecting indigenous populations. They contend that researchers’ unwillingness to engage with indigenous ways of knowing means that they often problematize and label the communities, resulting in indigenous people’s distrust of researchers. According to them,

the most significant impact of insensitive research is the perpetuation of the myth that indigenous people represent a “problem” to be solved and that they are passive “objects” that require assistance from external experts. Too often, health research documents significant issues and problems using inappropriate methods of identifying those problems, with a resulting overstatement of the negative aspects of these communities. It is no surprise that individuals and communities feel stigmatized when this research is

²¹⁹ Mazzocchi, 465.

published. No community wants to have the reputation of having the most alcoholics or the most people with mental disorders.²²⁰

Cochran et al argue that while indigenous ways of knowing may not suit the scientific “gold standard” of experimentation, there are evidence of specific contexts in which indigenous knowledge has produced better understanding of disease than might be obtained through Western knowledge and scientific methods. They cited a few cases of participatory research efforts, including one supported by the Alaska Native Science Commission (ANSC) in the U.S., in which findings of a community-led research project led to improved understanding of the root cause of growing cancer rate in the region. The community reported a link between the proliferation of military sites in the area and the growing cancer rate. According to Cochran et al, “They [the community] found that people’s diets increasingly included store-bought foods, soft drinks or soda water, and improperly stored canned and frozen foods. It seemed that, over the same time period, more people were dying from stomach cancer, ulcers, and other cancers.”²²¹

Although their focus is on research, Cochran et al’s analysis also is key to the context of practical health promotion activities. From personal experience in Liberia, I know that traditional healers have played key roles in the management of many health conditions, including, for example, yellow jaundice (bilirubin), impotency (erectile dysfunction), bone fracture, and mental disorders. The challenge with such a context as Liberia is the chronic limitation of pertinent data on many sectors, including health, which makes it difficult to substantiate these known facts with practical data. WHO has highlighted that a severe lack of data is one of the major challenges

²²⁰ “Indigenous Ways of Knowing: Implications for Participatory Research and Community,” *American Journal of Public Health* 98, no. 1 (2008), 24, accessed March 28, 2018, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2156045/>.

²²¹ Ibid.

with the healthcare system in Liberia.²²² It is common knowledge in Liberia, however, that when one develops any of the conditions listed above, one's initial preference for treatment is not *kwi* medicine, but traditional healers. Indigenous knowledge therefore is highly useful. Health promotion activities stand to benefit from an approach that integrates traditional knowledge.

Ignorance/Barbarity

Again, as stated above, narratives linking African “ignorance” to Ebola’s emergence are replete in the texts examined. These narratives largely conveyed that Africans are both ignorant and stubborn in their misconceptions and in their primitive habits such as their food cultures that are “risk factors” of Ebola. One such dominant narrative is the bushmeat hypothesis, which posits that hunting and eating infected gorilla, monkey, or bat meat is the primary cause of the virus’ entrance into a new population, and typically, these accounts associated bushmeat consumption with Africans. A few of these accounts imply that the main drivers for bushmeat consumption among Africans are poverty and the lack of industrial food production methods within the region. Indisputably, some Africans often eat these animals, but this fact is reconfigured into near-certain proof of causal mechanism, when on the contrary, the route of Ebola transmission from these animals to human beings has not been clearly established.²²³ For example, the PHG report evaluated as part of this study acknowledges this. The authors mention:

Our research reaffirms what other studies and news media have reported: particularly in the early stages of the intervention, much communication intended to fight Ebola in fact had the opposite effect. Some messages were inaccurate while others created inaccurate perceptions. A good example concerns the consumption of bush meat. Properly cooked

²²² See, *FrontPage Africa*, “IMANI Center for Policy: Liberia in Need of Smart Policies,” August 23, 2017, accessed March, <https://frontpageafricaonline.com/index.php/news/5738-imani-center-for-policy-report-liberia-in-need-of-smart-policies>.

²²³ Many studies indicate that the evidence linking animal to human transmission of Ebola is inconclusive. See for example, Jones, 5 and Laupland and Valiquette, Ebola Virus Disease, 2.

bush meat is not a threat and, while zoonotic transmission may have been responsible for patient zero, the subsequent transmission to over 27,000 people was human to human.²²⁴

Exemplary of such discourse propagating African ignorance is an August 5, 2014

Washington Post's article, the headline of which poses a condescending question, "Why West Africans Keep Hunting and Eating Bush Meat Despite Ebola Concerns?" The story continues,

To the foreign eye, it looks like a flattened lump of unidentifiable animal parts. To many Africans, however, bush meat—the cooked, dried or smoked remains of a host of wild animals, from rat and bats to monkeys—is not only the food of their forefathers, it is life-sustaining protein where nutrition is scarce... West Africans say they have been eating bush meat for longer than anyone can remember. And even where it is outlawed and frowned upon by conservationists who decry the killing of protected primates and other animals, you can still find it readily available in markets and on street corners.²²⁵

In the passage above, the *Post*'s article draws a contrast between how Africans see a lump of meat and how non-African people see the same animal part. The questions that come to mind are, for what reason does a lump of animal parts appear differently to Africans than to non-Africans? How does regionality or race influence view, particularly a view of an animal part? What does prevent Africans from seeing the animal part in the same way that non-African people do? These questions are merely rhetorical, because the meaning in the *Washington Post*'s article is bare in the claim that Africans survive on bushmeat because they lack nutritional options. Such imagery presented in the *Post*'s article overwhelmingly echoes what Conquergood describes as the "perception of difference" and the tendency by Westerners to regard the unfamiliar as inferior.²²⁶ The *Post*'s article seeks to establish the criteria for food sourcing from a Western

²²⁴ Marc DuBois and Caitlin Wake, *The Ebola Response in West Africa: Exposing the Politics and Culture of International Aid* (London: HPG Working Group, 2015), 29.

²²⁵ Abby Philip, "Why West Africans Keep Hunting and Eating Bush Meat Despite Ebola Concerns," the *Washington Post*, August 5, 2014, accessed December 17, 2017, <https://www.washingtonpost.com/news/morning-mix/wp/2014/08/05/why-west-africans-keep-hunting-and-eating-bush-meat-despite-ebola-concerns/>.

²²⁶ Conquergood, 196.

vantage point. Difference, as Conquergood also notes, can easily be translated into “dirt” and dirt, into “danger, and danger, into aggression.”²²⁷ Conquergood makes this analysis in discussing a tendency by Western expatriate health workers to become uneasy when faced with an unfamiliar environment, and to convert their unease into aggression against members of the intervention population whose customs and lifestyles health experts often perceive as danger. Difference, indeed, is easily converted into danger, especially in an instance where the individual faced with difference occupies a position of power. In the case of Ebola, knowledge as an apparatus of power became manipulated by media and experts in their presentation of information, which largely served to suppress and silence the African cultural groups affected by the epidemic. As Sociologist Stuart Hall contends in his discussion of the politics of representation, dominant discourses of representation can be repressive and silencing.²²⁸

Throughout the texts evaluated, experts and media particularly present highly controversial and arguably controversial explanations of Ebola transmission mechanism especially in regard to non-human animal to human animal transmission. On the one hand, they point to the inconclusiveness of evidence to establish Ebola’s zoonotic origin, often describing such a connection in terms of possibility²²⁹ (such as references to fruit bats, monkeys, and gorillas as “suspects,” “candidates,” and “potential carriers”). On the other hand, they widely construct the bushmeat causal theory, which attributes the outbreak to consumption of bushmeat

²²⁷ Conquergood, 197-198.

²²⁸ “Ethnicity: Identity and Difference.” In *Beyond Borders*, ed. Randy Base and Joy Young. Boston, Massachusetts: Houghton Mifflin, 2003. 228-9.

²²⁹ See for example, Alexander et al., 9; Melissa Hogenboom, “Ebola: Is Bushmeat Behind the Outbreak?” *BBC*, October 19, 2014, accessed December 12, 2017, <http://www.bbc.com/news/health-29604204> and Monica Mark, “Fear and Ignorance as Ebola ‘Out of Control’ in Parts of West Africa,” *The Guardian*, July 3, 2014, accessed December 17, 2017, <https://www.theguardian.com/world/2014/jul/02/-sp-ebola-out-of-control-west-africa>.

by residents in the affected communities.²³⁰ For example, the headline of an August 23, 2014 article in the Guardian reads “Ebola: Research Team Says Migrating Fruit Bats Responsible for Outbreak.” *The Guardian* reported that a group of 17 European and African disease researchers, ecologists, and anthropologists have reached a conclusion that colonies of migrating fruit bats in Guinea were responsible for the outbreaks. This happened when a toddler in Guinea came into contact with an infected bat. The paper further quotes the researchers as ruling out other species of wild animals previously suspected. *The Guardian* claims, “Chimps, gorillas, some antelopes and even pigs—which possibly eat fruit bats—have all been linked by the World Health Organization to the spread of the disease, but the researchers now say no evidence has been found of other animals apart from bats being infected.”²³¹ Meanwhile, contradicting its previous attribution of researchers who have concluded that bats were the only possible non-human animal reservoir of the virus, *the Guardian* asserts in the next paragraph of the story:

Rebecca Kormos, a primatologist who spent two years conducting a chimpanzee survey in Guinea, said: “The other aspect that worries me is...the human population density is high in Guinea and people forage and travel in nearly all of the forest where chimpanzees live. This means that the risk from transmission between apes and human would be high.”²³²

The irony in the above the *Guardian’s* story seems to confirm Asante’s charge against Western media regarding its development of causal narratives of diseases and illnesses that affect

²³⁰ For example, Alexander et al. 11 and John Vidal, “Ebola: Research Team says Migrating Fruit Bats Responsible for Outbreak,” *The Guardian*, August 23, 2014, accessed December 17, 2017, <https://www.theguardian.com/society/2014/aug/23/ebola-outbreak-blamed-on-fruit-bats-africa>.

²³¹ John Vidal, “Ebola: Research Team Says Migrating Fruit Bats Responsible for Outbreak,” *The Guardian*, August 23, 2014, accessed December 15, 2017, <https://www.theguardian.com/society/2014/aug/23/ebola-outbreak-blamed-on-fruit-bats-africa>.

²³² John Vidal, “Ebola: Research Team Says Migrating Fruit Bats Responsible for Outbreak,” *The Guardian*, August 23, 2014, accessed December 15, 2017, <https://www.theguardian.com/society/2014/aug/23/ebola-outbreak-blamed-on-fruit-bats-africa>.

Africans, as part of its prejudiced reporting of Africa. Asante contends that when reporting about disease in Africa, the media often ensures that the causal theories developed about the disease correlate to the nature of Africans' customs, traditions or lifestyles.²³³ In the above scenario, although *The Guardian* acknowledged that a scientific research disproved that wild animals, other than bats, were suspected as an Ebola transmission pathway to the human animal population, the paper yet highlighted the high risk of Ebola transmission associated with human encroachment on forests in Guinea, with particular respect to contact with apes and monkeys.

Apart from the contents evaluated in the current study, the bushmeat theory dominated the actual Ebola awareness and education campaigns. In their study dedicated to examining the impact of Ebola communication, Annie Wilkinson and Melissa Leach report that, although the accuracy of the bushmeat messages is still questionable, much of the health education surrounding Ebola in the three most-affected countries focused extensively on warning the populations against bushmeat consumption. The duo observes, for example, that in Guinea, an Ebola picture book jointly published by the United States Agency for International Development (USAID), the international NGO Plan, and the Guinean Ministry of Health dedicated as much space to animal transmission as to human transmission.²³⁴ The irony, once again, is that this amplification of the bushmeat message occurred when, in the first place, the transmission link between non-human animals and human animals remains only inconclusively established.

Wilkinson and Leach's Ebola communication evaluation study also reports cases of profiling and labeling of people through Ebola messages. For example, the report mentions that

²³³ Asante, 13.

²³⁴ "Briefing: Ebola—Myths, Realities, and Structural Violence," *African Affairs* 114, no. 454 (2014): 3, accessed August 23, 2017, <https://academic.oup.com/afraf/article-abstract/114/454/136/2195203?redirectedFrom=fulltext>.

in many rural communities, Ebola posters carried depictions of hunters as the first group among the high-risk individuals.²³⁵ In my experience as a Liberian, during and even protractedly after the Ebola crisis, I witnessed instances of the isolation of hunters and their families by other community members. This caused some hunters to quit hunting. There also was a gendered dimension to this profiling. Most rural Liberian women engage in the sale of cooked food as a source of livelihood. These women operate mini food shops, commonly known in Liberia as *cooked bowl* shops, where they typically prepare and sell the staple rice and *GB* together with sauce often made of meat or fish.²³⁶ With the health education focused on warning the population against bushmeat consumption, people began avoiding local food shops for fear of contracting Ebola, thus throwing these rural women out of business. In summary, the reported distortion of health messages caused a disruption in Liberian food culture, a situation that speaks precisely to what Foucault describes as the effect of discursive practices, or how dominant discourses can be successful in altering people's identity and their value system.²³⁷ The long-term impact that such discourses have on those populations is a good subject for a new research. Does such a discourse continue to influence people's dietary choices in the region? Are people still avoiding bushmeat even long after Ebola? Has animal hunting in the region become abandoned? If so, what are the overall ramifications for the food culture and for food security within the region?

Another way in which the *Washington Post's* article reveals how preconceptions can influence the production of causal narratives and health discourse is the parallel created between bushmeat consumption and West Africans' impoverishment. The *Post* asserts categorically that

²³⁵ Wilkinson and Leach, 4.

²³⁶ ²³⁶ *GB*, made out of cassava, is one of Liberia's staples. For more information on the food product, see the following link: <http://eng.diamondsforpeace.org/gb1/>.

²³⁷ Foucault, 217-218.

bushmeat consumption is widespread in West Africa because there are very few opportunities for animal husbandry in the region, and then seeks to validate its claim by invoking an expert opinion, “People hunt and eat bush meat when producing of food by other means is challenging, according to the United Nations’ Food and Agriculture Organization.”²³⁸ The *BBC* also quotes another expert, a zoologist with the Zoological Society of London who had a similarly groundless opinion, “It’s [West Africa] a meat-eating society. There’s a feeling that if you do not have meat every day, you haven’t properly eaten. Although you can get other forms of meat, there’s traditionally very little livestock production.”²³⁹

By such a narrative as the one above, the *Post* seems to project the image that all rural Africans are an impoverished people, who, because of the dearth of food supplies and the limitation of nutritional options, have had to resort to the pathogen-infested wild for survival and consequently have invited a disease outbreak on themselves. Although West Africans are among some of the poorest people in the world, the animal-hunting culture in the region, arguably, is not a condition resulting necessarily from food insufficiency. This practice, which has been in existence for millennia, is an integral component of the larger food culture in the region. Eating bushmeat does not indicate poverty, because even the rich in the region do eat bushmeat. In fact, in Liberia, for example, although imported meat products such as beef and pork are available in the local food markets and generally cheaper than bushmeat, most Liberians prefer bushmeat to these imported meat products. The society believes generally that bushmeat has many health benefits. It has less saturated fat, which makes it healthier than other fatty meats. It is low in calories when compared with beef and pork.

²³⁸ The *Washington Post*, “Why West African Keep.”

²³⁹ BBC, “Ebola: Is Bushmeat Behind the Outbreak?”

Additionally, some of the accounts emphasizing the bushmeat theory simply pursue conservation agendas under the guise of disease prevention and management. An opinion piece in the *New Scientist*, a British weekly international science magazine, exclaims, “Ebola’s Silver Lining: We can Clamp Down on Bushmeat.”²⁴⁰ The article contends that the smuggling and consumption of wild animals has facilitated Ebola’s expansion in West Africa. It then celebrates that the epidemic offered a perfect opportunity to rid Africans of such a barbaric practice that has long continued in the region in violations of wildlife protection regulations. The writer claims,

According to the World Health Organization, the Ebola virus enters human population when people handle or eat infected wildlife, especially fruit bats, chimpanzees, monkeys forest antelopes and porcupines. Eating bushmeat remains common throughout Africa either for subsistence or as a luxury. The Ebola outbreak is an opportunity to clamp down on a practice which both causes disease outbreaks and empties forests of wildlife. At minimum, governments should zealously enforce bans on the hunting and consumption of bats and apes, two groups most commonly associated with Ebola.²⁴¹

Similar to the above opinion piece in the *New Scientist*, a famous and highly-regarded scientific magazine, most scholarly literature underscoring pathogen-spillover as a possible route for Ebola infection have linked it to West Africans’ persistent encroachment on and destruction of wildlife reserves. Alexander et al claim, for example, “In the outbreak zone, human-mediated environmental change has been significant, potentially contributing to the emergence of EBOV.”²⁴² Also, in an article titled “Mapping the Zoonotic Niche of Ebola Virus Disease in Africa,” David M. Pigott, Nick Golding, Adrian Mylne et al contends, “There are strong indications that the EVD may have been triggered by increased human activities and encroachment into the forest ecosystem spurred by increasing population and poverty-

²⁴⁰ Tennyson Williams, “Ebola’s Silver Lining: We can Clamp Down on Bushmeat,” *New Scientist*, September 3, 2014, accessed December 18, 2017, <https://www.newscientist.com/article/mg22329850-300-ebolassilver-lining-we-can-clamp-down-on-bushmeat/>.

²⁴¹ *New Scientist*.

²⁴² Alexander et al., 11.

driven forest-dependent local economy. Containment efforts are being hampered by weak and fragile health systems.”²⁴³

It is important to emphasize once again that this blaming occurred when in the first place the connection between human Ebola infection and the suspected animal species (e.g., monkeys, chimpanzees) has not been clearly established. Not to downplay concerns regarding nature preservation and ecological sustainability, but attempting to achieve this goal through the manipulation of health messages is extremely counterproductive to health promotion efforts, particularly in an outbreak situation such as Ebola. Health education is key to influencing health behavior, but it can also become a barrier particularly to outbreak management if not properly handled. When clear, reliable, and precise, health messages can create trust and promote the cooperation of the intervention population. But disseminating messages that are ambiguous, unreliable or manipulative can lead to confusion, distrust, and even resistance from the intervention population.²⁴⁴ This was evident with the Ebola situation. As Wilkinson and Leach report in their Ebola communication study, “It appears as though some aspects of the communication around Ebola from governmental and international organizations in these and other African countries have contributed to the spread of misinformation.”²⁴⁵

The bushmeat narrative, and particularly its biased framing, however, have not gone unchallenged. Some observers bluntly have situated the bushmeat theory as one grounded firmly in the neo-colonial ideological framework that aimed to project Africans’ primitivity. For

²⁴³ “Mapping the Zoonotic Niche of Ebola Virus Disease in West Africa,” *Elife* 3 (2014), 4395, accessed June 28, 2017, accessed, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4166725/>

²⁴⁴ Liesl J. Zuhlke and Mark E. Engel, “The Importance of Awareness and Education in Prevention and Control of RHD,” *Global Heart* 8, no. 3 (2013): 238-39, accessed October 22, 2017, <https://www.sciencedirect.com/science/article/pii/S2211816013001154>.

²⁴⁵ Wilkinson and Leach, 1.

example, in an article in *Sapiens*, an online anthropological journal, medical anthropologists Merrill Singer and Ivo Ngade contend:

Western conservation efforts in Africa are fed by neocolonial fantasies about saving Edenic Africa from itself. Outsiders often argue that treasured animal species are being threatened by Africans themselves. To the local people living among these animals—and relying on them for subsistence and income—the reality is much more complex. The neocolonial perspective pervades how people in the West talk about game meat. The shooting of deer in the forests of developed countries generally is called “hunting,” while taking wild game in Africa, especially if it involves iconic species, is often labelled “slaughter.” The behavior of African hunters and game-meat consumers is often portrayed as shortsighted or even repulsive. It’s no wonder that local people often mistrust conservationist views.²⁴⁶

Political science professors Laura Seay and Kim Yi Dionne argue similarly in their strongly worded rejoinder to an August 21, 2014, *Newsweek’s* article in which the magazine claims that West African immigrants living in the United States pose threats for Ebola’s transmission to the U.S. through the smuggling of bushmeat. *Newsweek’s* article titled “Smuggled Bushmeat is Ebola’s Back Door to America,” developed when the magazine surveilled African communities in New York, seeking to discover secret bushmeat markets. In beginning the article, the authors write,

Less than three miles from Yankee Stadium, the colorful storefronts of African markets lining the Grand Concourse are some of the first signs of a bustling Bronx community that includes immigrants from those West African nations hit hardest by the recent and unprecedented outbreak of the Ebola virus. We are here today looking for bushmeat, the butchered harvest of African wildlife, and an ethnic delicacy in West African expatriate communities all over the world.²⁴⁷

The magazine further asserts that bushmeat, despite the health threats it poses, “is beloved” by Africans and that the African communities in the United States stand to transport

²⁴⁶ “Ebola Prevention Caught in the Bushmeat Trap,” *Sapiens*, May 18, 2017, accessed March 19, 2018, <https://www.sapiens.org/culture/bushmeat-public-health-cameroon/>.

²⁴⁷ Gerard Flynn and Susan Scutti, “Smuggled Bushmeat is Ebola’s Back Door to America,” *Newsweek*, August 21, 2014, accessed December 12, 2014, <http://www.newsweek.com/2014/08/29/smuggled-bushmeat-ebolas-back-door-america-265668.html>.

Ebola to the country through illegal bushmeat importation. The *Newsweek* failed to say that its investigation discovers any bushmeat markets. But in their comeback to the *Newsweek*'s article, Seay and Yi Dionne accuse the paper of fearmongering, Othering of Africans, and exacerbating the ongoing discrimination against immigrants in the United States. In their "guest" article published in *the Washington Post*, titled, "The Long and Ugly Tradition of Treating Africa as a Dirty, Diseased Place," Seay and Yi Dionne accused *Newsweek* of deviating from legitimate public health concerns and perpetuating what they describe as "the long history of white people associating Africans with primates—both savage, running wild in the jungle."²⁴⁸ Seay and Yi Dionne are concerned that despite some Americans hunt wild animals and eat the meat, the terminologies used to describe the practice in the United States are different from those used in the African context. They contend,

Anyone who hunts deer and then consumes their catch as venison in the United States is eating bushmeat without calling it that...on the word bushmeat: why don't we just call it 'wild game,' the same term we use for non-domesticated meat animals sometimes hunted and consumed in the United States—some of which has also been known to threaten human handlers with disease (e.g., deer, elk, armadillos, rabbit, etc.).²⁴⁹

The biased use of terms that Sea and Yi Dionne observe above, echoes many of the findings reported in this thesis. Often, when describing the same phenomena or practices in Africa and in the West, media and experts often construct and deploy different terminologies and phrases, which generally seek to establish a dichotomy of the civilized and barbaric, with the West being civilized and Africa, barbaric.

²⁴⁸ "The Long and Ugly Tradition of Treating Africa as a Dirty, Diseased Place," *The Washington Post*, August 25, 2014, accessed December 17, 2017, https://www.washingtonpost.com/news/monkey-cage/wp/2014/08/25/othering-ebola-and-the-history-and-politics-of-pointing-at-immigrants-as-potential-disease-vectors/?utm_term=.a566792e2ad2.

²⁴⁹

Risk

Risk was the dominant theme in the texts examined. In the quantitative analysis, the words “risk” and “risky” together constitute the second most frequently occurring words, with the words “burial” and “buried” topping the list. This high ranking in frequency indicates the emphasis with which the authors discuss the matter of Ebola risk, particularly in association with cultures and lifestyles of the affected communities. The authors of the sources consulted portray many aspects of culture and traditional practices in the outbreak region as risks. One such cultural practice that became heavily associated with risk is funeral rites and burial. Official and media accounts alike describe burial practices in the affected communities as the one of the greatest Ebola transmission mechanisms. In its post-Ebola report, WHO claims,

High-risk behaviours in the three countries have been similar to what has been seen during previous Ebola outbreaks in equatorial Africa, with adherence to ancestral funeral and burial rites singled out as fueling large explosions of new cases. Medical anthropologists have, however, noted that funeral and burial practices in West Africa are exceptionally high-risk. Data available in August, as reported by Guinea’s Ministry of Health, indicates that 60% of cases in that country could be linked to traditional burial and funeral practices. In November, WHO staff in Sierra Leone estimated that 80% of cases in that country were linked to these practices.²⁵⁰

In fact, the outbreak response operated with a framework that conceived the safety and decency of burial from an entirely “outsider” perspective, designating all community-performed burials as “unsafe.” An unsafe burial, according to one article, “was considered to be a burial of an individual with suspected EVD infection, buried by their community, family, or manipulated after death but prior to the arrival of the SDB [safe and dignified burial] team.”²⁵¹ By this

²⁵⁰ WHO, 6.

²⁵¹ Amanda Tiffany et al., “Estimating the Number of Secondary Ebola Cases Resulting from an Unsafe Burial and Risk Factors for Transmission During the West Africa Ebola Epidemic,” *Neglected Tropical Disease* 11, no. 6 (2017): 5, accessed October 12, 2017, <https://www.ncbi.nlm.nih.gov/pubmed/28640823>.

definition, any community-conducted burials were automatically unsafe. Such a construction is by itself an exclusion mechanism. Perception of “dignity” and “decency” depends on the context. What constitutes a dignified burial to a Christian, Western health professional may not be the same as for members of indigenous societies in Liberia or elsewhere in West Africa.

In Liberia, for instance, as the Ebola death toll soared during the months of August and September 2014, the government and the Ebola response team began implementing a WHO recommendation that called for mass cremation of bodies, a practice both alien and highly offensive to most Liberians.²⁵² Cremation violates the values and cultural practices of most Liberians. As discussed above, Liberians generally believe that death is a rite of passage to another world. The dead, however, do still have connection with the living world. The ancestors exist in the spirit world, constantly intervening in the affairs of the living.²⁵³ In fact, the second Wednesday of March each year is dedicated as a holiday, when Liberians from all over the country flock to cemetery to pay homage to their deceased love ones. *Decoration Day*, as the holiday is known, is when people brush and clear away bushes from the graves, and decorate them with flowers and other mementoes. Locating the grave of one’s deceased relative is very important to Liberians.²⁵⁴ Also, Liberians regard cremation as a desecration of the loved one’s body, which may provoke the ancestors’ wrath on the living.

²⁵² See, Aryn Baker, “Liberia Burns its Bodies as Ebola Fears Run Rampant,” *Time*, October 7, 2014, accessed December 20, 2017, <http://time.com/3478238/ebola-liberia-burials-cremation-burned/> and *The Guardian*, “Ebola Cremation Ruling Prompts Secrete Burials in Liberia,” October 24, 2014, accessed December 21, 2017, <https://www.theguardian.com/world/2014/oct/24/ebola-cremation-ruling-secret-burials-liberia>.

²⁵³ Olukoju, 122.

²⁵⁴ See an official press release from the government of Liberia, announcing the 2011 Decoration Day, http://www.mofa.gov.lr/public2/2press.php?news_id=334&related=7&pg=sp.

As for the cremation, it was only after much public outcry and stiff resistance in many communities that WHO later modified its measures and introduced a new burial method dubbed “safe and dignified” burial (SDB). The new method permitted the inclusion of family members (i.e., asking them to dig the graves) and encouraged religious rites as part of the burial. Yet, interment took place at a government-designated site and not within the community (as was typical in most cultural settings in Liberia), and remained largely under the control of a special government-designated burial team, which functioned under the direct control of international relief agencies such as the Red Cross and Samaritan’s Purse.²⁵⁵

Interestingly, too, the Red Cross, which reported conducting about fifty percent of the “safe” burials in the three most-affected countries, could not explain definitively the benefits associated with such burial methods. In an article that a number of Red Cross staff co-authored along with epidemiologists from several Swiss and American universities, the authors repeatedly mention, “The importance of SDB as an integral part of reducing EVD transmission and stopping an outbreak is accepted, but not well understood.”²⁵⁶ This confirms precisely what Annie Wilkinson and Melissa Leach point to in their Ebola communication evaluation report: “When reviewing Ebola communication tools, one of the most striking aspects was that they listed dos and do nots but never mentioned the whys. As such, communication messages recommended and ordered certain actions, without explaining the motivation for doing so.”²⁵⁷

Furthermore, in the time of Ebola, experts and media exoticized and reconfigured the act of “compassion and caring” as an exclusive element of “African culture” and thus formulated a

²⁵⁵ WHO, “New WHO Safe and Dignified Burial Protocol-Key to Reducing Ebola Transmission,” November 2014, accessed October 12, 2017, <http://www.who.int/mediacentre/news/notes/2014/ebola-burial-protocol/en/>.

²⁵⁶ Amanda Tiffany et al., 2-3.

²⁵⁷ Wilkinson and Leach, 8.

causal narrative that implicated people in the affected region. Some of the accounts examined portray “touching” and “compassion” as an exclusive African cultural trait which largely contributed to the spread of the disease.²⁵⁸ Although West Africans generally are a warm-hearted and receptive people who cherish a strong social bond (and warm greetings that involved deep handshakes and embraces in the case of Liberians), physical affection and compassion is not unique to Africans. In fact, touching is the first emotional experience all of us yearned for from birth. The field of psychology (as well as nursing) has a considerable body of literature that focuses on the importance of touching both during developmental stages and in adult relationships.²⁵⁹ Unfortunately, for West African families in the Ebola affected communities, loving care turned into a “risky” cultural trait and health experts and media employed that as a causal narrative in demonizing the population. Although Ebola is contagious, scientists confirmed that people are not contagious until they develop symptoms. Yet, as Wilkinson and Leach note, during the epidemic, the health education focused on instilling fear and warning the population against touching.²⁶⁰

The Ebola response also sharply neglected ethical principles and grossly violated human rights and dignity. In Liberia and Sierra Leone, for example, the severity of WHO-recommended

²⁵⁸ See for example, Daniel Berehulak, “Back to the Slums of His Youth, to Defuse the Ebola Time Bomb,” *The New York Times*, September 13, 2014, accessed December 17, 2017, <https://www.nytimes.com/2014/09/14/world/africa/ebola-liberia.html>.

²⁵⁹ See for example, Evan L. Ardiel and Catharine H. Rankin, “The Importance of Touch in Development,” *Pediatrics and Child Health* 15, no. 3 (2010): 153-156, accessed October 28, 2017, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2865952/>; David W. Anderson, “On the Importance of Touching,” *Contemporary Education* 58, no. 4 (1987): 201, accessed October 12, 2017, <https://search.proquest.com/openview/11abf70b5b713ff91737abb5f90a631b/1?pq-origsite=gscholar&cbl=1816594> and Els Van Dongen and Riekje Elema, “The Art of Touching: The Culture of ‘Body Work’ in Nursing,” *Anthropology and Medicine* 8, no. 2-3 (2010): 149-162, accessed November 3, 2017, <https://www.tandfonline.com/doi/abs/10.1080/13648470120101345>.

²⁶⁰ Wilkinson and Leach, 9.

outbreak containment measures compelled governments to criminalize the “hiding” of “Ebola suspects, issuing threats of incarceration against people perceived as violators.”²⁶¹ WHO and the government claimed that people were hiding their relatives infected by Ebola from going to the Ebola Treatment Unit (ETU), possibly to prevent the cremation of their loved ones in case of death. That legislation itself was oppressive and unfair, because what constituted an Ebola suspect was left to the determination of health practitioners. Ebola is notorious for presenting symptoms of other illnesses common in the region.²⁶² How, then, would one penalize an average person with no medical knowledge for “concealing” an Ebola suspect, especially during a period when the population resorted to avoiding hospitals and clinics because those facilities in fact became the greatest pathway for Ebola transmission?²⁶³ Such a regulation is telling of how people’s rights were being violated during the epidemic response.

Understandably, dealing with such a deadly public health crisis and a virus as contagious and tenacious as Ebola indeed required some extra-ordinary steps. But as findings from this study have demonstrated, what transpired in the Ebola intervention was contrary to what could be described as stepping up epidemic prevention and control measures. It was at best a dehumanization and marginalization of indigenous African societies in the Ebola-affected region and a denigration of their culture in the light of perceptions of African Otherness. This, even the

²⁶¹ See, *BBC*, “Sierra Leone Law Makes Hiding Patients Illegal,” August 23, 2014, accessed December 1, 2017, <http://www.bbc.com/news/world-africa-28914791>; Mark, Fear and Ignorance as Ebola and *NPR News*, “In West Africa, Officials Target Ignorance and Fear Over Ebola,” July 10, 2014, accessed December 5, 2014, <https://www.npr.org/sections/parallels/2014/07/10/330390279/in-west-africa-officials-target-ignorance-and-fear-over-ebola>.

²⁶² Symptoms of Ebola are similar to those of malaria and other illnesses, and include headache, muscle pain, fatigue, fever, diarrhea, and vomiting. See for example, Laupland, *Ebola Virus Disease*, 128 and Gatherer, *The 2014 Ebola Virus*, 1619.

²⁶³ See CDC, “Review of Human-to-Human Transmission of Ebola Virus,” accessed October 4, 2017, <https://www.cdc.gov/vhf/ebola/transmission/human-transmission.html> and Augusto, Teboh-Ewungkem, and Gumel, *Mathematical Assessment of the Effect*, 96.

HPG report, examined as part of this study alludes to. The report resulted from a process evaluation of the Ebola response, drawing from interviews held with a wide range of stakeholders, including representatives of civil society organizations from the three most Ebola-affected countries. Most likely, because it is a product of evaluation and critique, the HPG report (unlike the WHO report, which broadly engages in a negative portrayal of cultures in the region) adopts a significantly moderate tone and to an extent acknowledges some of the issues reported in this study. For instance, the report notes,

The early stages of the surge did not prioritise such [community] engagement or capitalise on affected communities as a resource, but treated them more as a problem – a security risk, culture-bound, unscientific – to be overcome. . . Why was this? There is some concern that people, in particular rural people, were stereotyped as irrational, fearful, violent and primitive; too ignorant to change; victims of their own culture, in need of saving by outsiders (Jones, 2015). Though also due to budgetary, time and resource constraints, ‘some of the current Ebola responses reflect problematic assumptions about local ignorance and capability’ (IDS, 2015).²⁶⁴

Such a striking admission by a humanitarian working group, comprised of MSF and other agencies, which played critical roles in the Ebola response, is shocking, yet not entirely surprising. Public health literature is replete with emphasis on the relevance of community engagement activities and their impact on the outcomes of health campaigns.²⁶⁵ Scholars have underscored especially the need to consider carefully the sociocultural context when implementing trans-cultural health programs, and cultural sensitivity is a core element of the

²⁶⁴ DuBois and Wake, 30.

²⁶⁵ See for example, Anne K. Sebert Kuhlmann, Lara Altman, and Christine Galavotti, “The Importance of Community Mobilization in Interventions to Improve Sexual, Reproductive, and Maternal Health Outcomes: A Review of the Evidence,” *Health Care for Women International* 37, no. 10 (2016): 1028-1030, accessed October 3, 2017, <https://www.tandfonline.com/doi/abs/10.1080/07399332.2016.1141911?journalCode=uhcw20> and Collins O. Airhihenbuwa, Chandra L. Ford, and Juliet I. Iwelunmor, “Why Culture Matters in Health Interventions: Lessons From HIV/AIDS Stigma and NCDs,” *Health Education & Behavior* 41, no. 1 (2014): 79-81, accessed October 4, 2017, <https://sph.umd.edu/sites/default/files/files/Why%20Culture%20Matters%20HEB.pdf>.

Code of Ethics for Public Health.²⁶⁶ This, arguably, MSF and other highly renowned and experienced international relief agencies that spearheaded the fight against Ebola were not ignorant of. But as Airhihenbuwa rightly observes,

It has become common practice in the field of public health and in the social and behavioral sciences to pay lip service to the importance of culture in the study and understanding of health behaviors, but culture has yet to be inscribed at the root of health promotion and disease prevention programs, at least in any manner that legitimates its centrality in public health praxis.²⁶⁷

A reactive effort such as the one by MSF is concerning, because the cultural onslaught that took place during the Ebola response did not just negatively impact the intervention; it constituted what Foucault terms an exercise of discursive power,²⁶⁸ which arguably had potentially negative long-term implications on the affected populations, their social and cultural identities and lived experience.

How do Ebola Narratives Impact Ebola-Affected Communities?

The extensive and sustained problematization of African culture that characterized the 2014 Ebola awareness and education campaign constituted what Foucault terms discursive practices that inhabit power effects. Foucault claims that discourse involves ways of constituting knowledge and regimes of truth. According to him, within the discursive order those occupying positions of influence have a way of prescribing particular rules and categories which define the criteria for legitimating knowledge and truth.²⁶⁹ In the context of Ebola, hegemonic Western

²⁶⁶ James C. Thomas, Michael Sage, Jack Dillenberg, and V. James Guillory, "A Code of Ethics for Public Health," *American Journal of Public Health* 92, no. 7 (2002): 1057-1058, accessed July 23, 2017, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1447186/>.

²⁶⁷ Airhihenbuwa, *Health and Culture*, x.

²⁶⁸ Foucault, *Discipline and Punish*, 217-222.

²⁶⁹ *Ibid.*

cultural narratives dominated the discursive space and became the determinant of knowledge categories by promoting the supremacy of Western cultural values, particularly in the form of biomedical knowledge that suppressed the cultural expressions of African societies confronting the deadly outbreak. During the Ebola situation, Western health experts and scholars deployed a techno-scientific discourse that portrayed African culture as a disease vector, perhaps an instance of what anthropologist Jared Jones describes as “mere rhetorical racialization of the disease,”²⁷⁰ and promulgated such discourse with the help of Western media that already has a pre-disposition for ill-representing Africa.²⁷¹

This systematic marginalization of minority populations through hegemonic discourses is what cultural theorist and sociologist Stuart Hall theorized as the “politics of representation.”²⁷² In *Ethnicity: Identity and Differences*, Hall details the effects of the production and promulgation of discourses, focusing on British historical and cultural landscapes and especially the impact such discourses have had on the lived experience of black people in the country. Hall claims that British, predominantly white, aesthetic and cultural discourses did position Blacks as the unspoken and invisible “other.” According to Hall, the marginalization of the black experience in Britain was occurring not only “at the margins, but placed, positioned at the margins, as the consequence of a set of quite specific politico-cultural practices which

²⁷⁰ Jones, *Ebola Emerging*, 5.

²⁷¹ See again, Walker and Rasamimanana, 5, Olujobi, 1, and Hawk, 1-17.

²⁷² “Ethnicity: Identity and Difference.” In *Beyond Borders*, ed. Randy Base and Joy Young. Boston, Massachusetts: Houghton Mifflin, 2003. 228-9.

regulate, governed and ‘normalized’ the representational and discursive space of English society.”²⁷³

Foucault also contends that people’s understanding and acceptance of a specific discursive logic as a social fact or reality can lead them to act consistent with such discourse.²⁷⁴ In other words, discourse can shape the identities of individuals and societies. Narratives have potentially lasting effects. They may alter beliefs and change societal norms. Thus, current dominant Ebola narratives especially promulgated in the form of health education during the epidemic possibly are going to impact negatively the cultural experiences of the African societies that the messaging targeted.

Although it is unrealistic at present to indicate precisely which cultural aspects these narratives will or have impacted or to what extent, recent developments in those very cultural and social contexts remind us of the predatory impact of dominant foreign cultural ideologies. As mentioned above, beginning in the early nineteenth century, the aggressive evangelization of the African continent by Western Christian missionaries, characterized by the outright denunciation of many local cultural practices, led to the erosion of the cultural fabric in several areas on the continent, including in West Africa.²⁷⁵ Subsequently, other forces of globalization (e.g., global trade, the internet) have continued to exacerbate cultural attrition in the region.²⁷⁶

In Liberia, for example, indigenous culture faces serious threat of extinction. Many cherished values and cultural artifacts have disappeared with time.²⁷⁷ In the 1960s, increased

²⁷³ Stuart, 441-442.

²⁷⁴ Foucault, 217-222.

²⁷⁵ Olukoju, 29-30.

²⁷⁶ See, Wahab, Odunsi, and Ajiboye, *Causes and Consequences of Rapid Erosion*, 54-7.

²⁷⁷ Olukoju, 29-30

concern and public outcry over Liberia's rapid loss of its cultural identity prompted the government to establish a special national cultural center at a place called "Kendeja." The center, located about 20 miles away from Monrovia, the capital, has a village setting and preserves important cultural materials collected from different regions of the country. The center also serves as a home to the national cultural dance troupe.²⁷⁸ But many Liberians have frowned at this intervention for falling short of exemplifying the true meaning of culture as a lived experience. One critic of the project, public sector executive Yarsuo Weh-Dorliae, writes,

When we consider the role of our indigenous values and beliefs in promoting social and political stability, our sense of appreciation for what we refer to in Liberia as 'culture' must go far beyond 'Kendeja.' It is not enough to showcase a village of masked dancers for the purpose of entertaining tourists. Substantive action must be taken to ensure that society and culture interact in ways that benefit present and future generations.²⁷⁹

This conception of culture as a dynamic, socially interactive construct is greatly lacking in the current global paradigm of cultural development. Culture progressively is shifting from being a lived experience of a people who belong to particular historical and geographical spaces to being an object of exhibition. Indigenous cultures especially are now being transformed into mere collections that reside in museums in metropolitan cities, often generating revenues for their new custodians, while those who own the cultures are disconnected from them, unable to live, practice, and experience them.

This concept is becoming the new cultural development pattern globally. For example, the UN, through its cultural and scientific development unit (UNESCO), has invested heavily in cultural promotion and sustainability projects over the last three decades. Much of this

²⁷⁸ George W.W. Tahmen, "Origins of the National Cultural Center of Liberia," *Daily Observer*, March 11, 2017, accessed October 23, 2017, <https://www.liberianobserver.com/lib-life/origins-of-the-liberian-national-cultural-center-of-liberia/>

²⁷⁹ Yarsuo Weh-Dorliae, Proposition 12 for Decentralized Governance in Liberia: Power Sharing for Peace and Progress (Philadelphia: Bushfire Ventures LLC, 2004), 71.

investment, however, has been focused on safeguarding classical monuments and heritage sites (often in times of conflict) and supporting museum developments, especially in cities around the world.²⁸⁰ Although those initiatives are not irrelevant, priority should be given to the promotion of a living culture by developing and implementing more concrete cultural development interventions in indigenous communities. This, obviously, is where impact is most needed if the global body is to make its pledge true to revive and salvage indigenous cultures, which are moving quickly along the path to extinction.²⁸¹

Another scenario in which such a misapplication of cultural development is evident relates to the enduring land clashes between Native Indians and the United States Government. A case in point is Native Hawaiians' struggles to connect with their cultural identities and heritage through the protection and preservation of their land and the American Government's quest to develop these very reserves for economic gains. The Native Hawaiians, an aboriginal Polynesian people who trace their ancestry back to the original Polynesians of Hawaii, had lived as independent people on the Hawaiian Islands for centuries until in 1898, when the United States annexed Hawaii by congressional resolution, without the consent of Islands' residents.²⁸² Land is central to Native Hawaiians and remains one of the defining elements of their existence and cultural expressions.²⁸³ But the striking irony in this affair, is that as the Hawaiians insisted on

²⁸⁰ UNESCO, "UNESCO Strengthens Action to Safeguard Cultural Heritage Under Attack," August 12, 2014, accessed September 2, 2014, <http://whc.unesco.org/en/news/1176/>.

²⁸¹ UN, "Culture," accessed October 21, 2017, <https://www.un.org/development/desa/indigenouspeoples/mandated-areas1/culture.html>. In this blog, the UN Division for Social Policy and Development of Indigenous People highlights the threats facing indigenous cultures.

²⁸² Winona LaDuke, *All Our Relations: Native Struggles for Land and Life* (Cambridge, MA: South Press, 1999), 171

²⁸³ *Ibid.*, 169.

preserving their lands as a cherished cultural representation, the U.S National Park Service (NPS) in 1968 purchased a disputed portion of the land, proposing to construct a large park that would serve to represent and perpetuate Hawaiians' culture. "But to make this cultural presentation," writes environmentalist Winona LaDuke, "they would need to throw out all of the Native Hawaiians actually living on the land. A conflict between a living culture and an historic culture, as determined by a federal agency, ensued."²⁸⁴

In a similarly problematic style, academic institutions also have begun crediting themselves as proud curators and saviors of indigenous culture. Cambridge University and Yale University, for example, currently run a digital culture preservation project, dubbed the "World Oral Literature Project." The project's primary goal, according to the host institutions, is to document and disseminate endangered oral literatures. An introductory paragraph on the homepage of the project's website presents a catchy problem statement,

For many communities around the world, the transmission of oral literature from one generation to the next lies at the heart of cultural practice. Performances of creative works of verbal art - which include ritual texts, curative chants, epic poems, musical genres, folk tales, creation tales, songs, myths, legends, word games, life histories or historical narratives - are increasingly endangered. Globalisation and rapid socio-economic change exert complex pressures on smaller communities, often eroding expressive diversity and transforming culture through assimilation to more dominant ways of life.²⁸⁵

Since its establishment in 2009, the project has been providing funding to scholars and indigenous researchers, commissioning them to collect and document elements of oral literature and other cultural artifacts from those areas of the world known for cultural disturbance, with a focus on Asia and the Pacific. These collections then are transported overseas and eventually end

²⁸⁴ LaDuke, 168.

²⁸⁵ See, World Oral Literature Project, accessed November 22, 2017, <http://www.oralliterature.org/>

up in special digital repositories at Cambridge and Yale.²⁸⁶ But the questions, logically, are: does culture really belong to cyberspace? How “cultural” is such a culture detached from the society that owns it? Hall reminds us that “The logic of identity is the logic of something like a ‘true self,’”²⁸⁷ a reference to how one’s authentic identity is associated with his/her lived cultural experience. Culture, therefore, is not represented as a static or as a museum artifact, but as a dynamic phenomenon. The above examples are necessary to underscore that the people of West Africa and those from indigenous societies elsewhere in the world deserve a living, not merely an historical culture. The world, therefore, needs to take proactive actions against those hostile forces that continue to prey upon that living culture. It is in this light, that it becomes critical to be wary of Western-produced Ebola narratives and to carefully examine their effects on the African populations in the outbreak region, a task to which this study invites other interested and committed researchers.

²⁸⁶ World Oral Literature Project.

²⁸⁷ Stuart Hall, “Ethnicity: Identity and Difference,” in *Beyond Borders*, ed. Randy Base and Joy Young (Boston, Massachusetts: Houghton Mifflin, 2003), 228.

CHAPTER 5

CONCLUSION

This study is situated at the intersection of health and culture. Its main objective is to examine mainstream Western media and Western health professionals' representation of culture in Ebola-affected communities in West Africa and how such narratives do (or potentially) impact the West African communities that Ebola affected. The study grew out of widespread concerns and claims in some Ebola-affected communities that culture and lifestyles in those communities suffered ridicule and denigration at the hands of Western relief agencies involved with the Ebola response and Western media reporting of the crisis. Indeed, media coverage of the epidemic reached an exceptional volume that "Ebola" became one of the trending topics in Google's news search in 2014 and one of the highest trending search terms in Google's *14th Annual Year in Search*.²⁸⁸

Consistent with the above claims, a content analysis of selected Ebola news articles, scholarly publications, and official reports on the outbreak found that Western media and health experts certainly engaged in the suppression of cultural expressions of the indigenous African societies in the outbreak region, generally associating the Ebola outbreak with the backwardness of said cultures and customs. At the heart of this negative representation is the continuous positioning of health as a construct of Western cultural hegemony. Health promotion programs continue to operate fundamentally within a culturally inappropriate framework that favors a Westernized biomedical model as the "universal truth" upon which health knowledge and application are based. Western society's fixation on objectivity and scientific truth has led to ongoing marginalization of traditional knowledge and traditional modes of health and disease

²⁸⁸ Google, *A Year in Search* (2015), accessed November 22, 2017, <http://www.google.com/trends/2014/>.

prevention. The various texts examined in this study typically represented indigenous beliefs and response to Ebola as one of ignorance, superstition, and exoticism. It was only through the lens of the biomedical model that the media and scholarly accounts conceived and promulgated what constituted health logic and health solutions, often discounting local disease explanations and treatment methods. Additionally, the media and experts also deployed a dominant technoscientific discourse of causation that considered African culture and lifestyle as primary Ebola transmission mechanisms.²⁸⁹

The structural neglect and oppression of indigenous health systems and culture in the construction and application of health knowledge is extremely problematic and counterproductive, because health, as Airhihenbuwa notes, is a cultural production. People interpret and respond to disease in line with longstanding local frameworks.²⁹⁰ It is crucial, therefore, that health educators and designers of health programs recognize the centrality of culture to health promotion efforts, and not just pay a lip service to it. This entails, in part, that health promotion programs integrate effective social mobilization activities that encourage the involvement of all stakeholders in pooling resources and maximizing program management and outcomes. It also means that health practitioners should fully embrace and work with culture, not fight against it. Behaviors and attitudes that might at first sight appear challenging, can and should be seen as part of larger cultural logics that make sense given regional, social, institutional experience.

²⁸⁹ See, Alexander et al, 1, WHO, One Year into the Ebola Epidemic, 6 and The *Washington Post*, Why West African Keep.

²⁹⁰ Airhihenbuwa, xi-xii

This study also argues that the hegemonic, Western-produced Ebola narratives that focus on suppressing cultural expressions of indigenous societies in the Ebola-affected region have potentially lasting impact on those populations. Discourse functions as an apparatus of power, controlling individuals and societies and shaping their identities.²⁹¹ The Ebola discourses produced and disseminated by Western media and health experts have power effects and, therefore, have the potential to further alter the cultural and social experiences of the people in a region that already has been witnessing progressive erosion of indigenous culture owing to the relentless influences of globalizing forces.²⁹² This study is limited in its examination of the effects of such discursive practices, but the findings here can serve as baseline data and provide insights for other researchers interested in thoroughly exploring these issues. It is my hope to build on this study, and especially to investigate Ebola narrative effects in future research pursuit or academic pursuits.

Finally, this study draws attention to the need for a sort of “subaltern discourse” as a means of countering hegemonic discourses and empowering historically marginalized and indigenous communities in ways that help them articulate the meanings of their culture and identities. Such a force of resistance, especially in the context of health, may draw upon Hall’s concept of “cultural politics.” In condemning British society’s domination of the discursive space and their stereotyping and ill representation of the Blacks, Hall coins the term “cultural politics” in proposing an alternate Culturalist discourse aimed at rewriting the black experience and constructing a positive black imagery.²⁹³ Developing an alternate voice is one crucial way to

²⁹¹ Foucault, *Discipline and Punish*, 217-222.

²⁹² Wahab, Odunsi, and Ajiboye, *Causes and Consequences of Rapid Erosion*, 54-7.

²⁹³ Hall, 442.

begin with redressing the continued suppression and oppression of those marginalized, especially those communities in West Africa that became the target of the culturally biased Ebola education.

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