Conflict, Agency, and Control:
The Intersection of Violence and the Body during the Mano River War

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Dedication

For Dr. Linda Seligmann, for her unwavering belief in me from the beginning.

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Abstract

CONFLICT, AGENCY, AND CONTROL: ON THE INTERSECTION OF VIOLENCE AND THE BODY DURING THE MANO RIVER WAR

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The violence that ravaged Sierra Leone and Liberia during the recent Mano River War was characterized by the central role of the physical body in all aspects of the conflict. The body served as a site for the contestation of power and control by the perpetrators and victims of violence alike. Furthermore, the role of dead bodies during the war reflected and perpetuated the violence that was directed at the living population. The population reasserted authority over their lives and identities by reclaiming their bodies via the experience of individual and collective illnesses such as *haypatensi*, a localized understanding of the condition of hypertension, and nighttime sleep paralysis, known as *njombo-bla* attacks. An anthropological perspective into the wartime embodiment of violence sheds light on the connection between the experiences of the body during the conflict and a strikingly similar experience, or fear thereof, that occurred during the Ebola epidemic that began a decade later.

Chapter 1: Introduction

Beginning in 1989, civil war crippled Sierra Leone and Liberia. It continued, with varying levels of intensity, through 2003, since which time an uneasy peace has settled over the region. While it lasted, the violence was of a particularly physically intimate, bloody nature, in which civilians were often primary targets and attacks were carried out far more frequently with knives and machetes than with bombs or grenades. Despite the relatively small groups of armed fighters that existed at the beginning of the war, the conflict had the effect of destabilizing the entire region and thus allowing the violence to continue unabated for more than a decade.

The bodies of those harmed and killed featured prominently in the conflict and surrounding narrative. Injured bodies and corpses were more than inevitable by-products of the fighting; rather, physical bodies played an active role in the conflict and its discursive effects. State, nonstate, and individual actors utilized the body as a site for the contestation of power and control. Both the suffering and the agency of perpetrators and victims alike were embodied by those affected by the war. Furthermore, the violence and manipulation enacted upon dead bodies reflected and perpetuated that directed at the living population during the war.

Through a careful analysis of the data from the war and an application of the theories of postcolonial scholar Achille Mbembe and anthropologist Nancy Scheper-Hughes, among others, the research will show that the physical body, both alive and dead, was a site for the contestation of power by those seeking control and the

embodiment of violence by those who experienced the war in Sierra Leone and Liberia. While this argument applies to many conflicts, the role of the body during the recent West African conflicts is of particular relevance precisely because of the degree to which the body was dehumanized and manipulated as a calculated stratagem of war, at the same time that the violence enacted upon the body appeared gratuitous and blatantly excessive.

In conclusion, the broader implications of the embodiment of violence will be examined, with a particular focus on the relevance of an understanding of violence and the body for medical humanitarian efforts. Using the recent Ebola outbreak in West Africa as an example, the importance of taking into account recent histories of war and embodied violence for the provision of humanitarian aid will be considered. Using data and literature from the outbreak, albeit limited at the time of writing, as well as the theory of anthropologist Merrill Singer, among others, it will be suggested that the embodiment of violence during the war had tangible implications for the population's reaction to the humanitarian response.

The war in Sierra Leone and Liberia resulted in histories permanently marked by violence and loss, characterized by the manipulation and suffering of the body, a fear of the disappearance of bodies and body parts, and in the continuation of the violence in multiple forms in the physical bodies of those affected. These experiences, memories, and fears, when taken in conjunction with practices characteristic of the Ebola response, including the swift removal of infected individuals to isolation wards, immediate cremation upon death, and a disregard for customary burial practices, involved a process of retraumatization that had a negative impact on the affected population's willingness to

participate in and collaborate with the humanitarian response, and thus led to an increased death toll.

RESEARCH QUESTION AND SIGNIFICANCE

This project examines the intersection of violence and the body as Sierra Leoneans and Liberians experienced it during the civil war. Answers to the following questions will be sought: How were acute and everyday violences experienced by Sierra Leoneans and Liberians during the war? How was violence embodied physically during and after the war? How was both individual and collective suffering manifested and reinterpreted through the body? What perceptions, memories, or stories regarding the disappearance of bodies and body parts arose during the war? In what ways were the individual and collective bodies of the population used as sites for the negotiation of power and control during the war?

A principle argument of the thesis is that a parallel embodiment of trauma during times of conflict and humanitarian emergency can be traced in Sierra Leone and Liberia. The experience of violence during the civil war is intimately intertwined with the population's responses to the humanitarian effort during the Ebola outbreak that began in 2013. Bodies were utilized as sites for the contestation of power in parallel ways during the war and during the outbreak. Evidence shows how this parallel trauma materialized in light of the ways different involved actors interpreted and made sense of the roles of the body. In the pages below, it is shown how war and war stories affected the population's receptivity to biomedical intervention,

including their willingness or reluctance to seek treatment. The implications of the articulation of violence and the body during times of war and illness on the utilization of biomedicine in non-western contexts and for a broader rethinking of how to undertake such humanitarian efforts going forward will be considered.

The thesis concludes with a consideration of how humanitarian responses could take into account the recent history of Sierra Leone and Liberia in future initiatives in order to better serve the population, suggesting that anthropology offers significant contributions in this type of medical crisis, in which the need for rapid action must be tempered by a sufficiently nuanced cultural understanding to increase the sensitivity and effectiveness of the response. The Ebola response was inefficient and cumbersome for many reasons, some of which an anthropological approach has both the capacity and moral obligation to address. It was not long after the Ebola outbreak began before both individual anthropologists and the AAA recognized the need to take rapid and coordinated action.

METHODOLOGICAL CONSIDERATIONS

This project presented methodological challenges the degree of which I did not foresee at the time that I submitted my proposal and initiated my research. My original proposal was structured around using what is currently my concluding chapter, that on the Ebola outbreak, as the foundation of my work. It quickly became clear that there is insufficient literature available at this time to do so. Because fieldwork was not an option, as will be discussed further below, it became necessary for me to shift my focus onto the

use of the physical body and the embodiment of violence as it occurred during the war. Considerations of the effect of the war on the Ebola outbreak remain important as they illustrate the relevance and broader implications of the study of violence and the body to ongoing emergent situations worldwide, including but not limited to medical humanitarian crises in locales characterized by a recently unstable past. The concluding chapter on Ebola, then, exists as an example that suggests the tangible applicability of this type of study into the body and as a recommendation for further research.

Travel to West Africa during the time that I conducted the majority of my research was impossible because of safety concerns during the outbreak. Therefore, I conducted my research on the war based on available literature, primarily from an anthropological perspective but also including studies from other disciplines, including political science, international development, and public health. Anthropological literature on the war is plentiful and I drew upon it heavily. Literature from an anthropological perspective on the Ebola outbreak is less well developed, mainly because the outbreak was actively unfolding throughout most of my research timeline. While a significant body of research has been published since the outbreak began, it has largely focused upon practical suggestions that anthropology can offer to address immediately pressing problems on the ground. For instance, an understanding of West African burial practices and how public health procedures might be modified to accommodate such practices is an important contribution that anthropologists were able to provide.

The urgent needs associated with the outbreak necessarily resulted in immediate, and sometimes superficial, actions to prevent further human suffering and loss of life.

The balance between the extended research that characterizes anthropological methods and the need for immediate action was a subject of much discussion at the workshop on Ebola held by the AAA (2014). Unanimous agreement was reached that in order for anthropologists to fulfill their obligations to the people they study and to maintain ethical standards, the welfare of studied populations must be given priority over all else, even when that requires a deviation from standard anthropological practice. In instances such as the Ebola outbreak, this commitment manifested as policy papers and recommendations being hastily published and disseminated, rather than full-length ethnographies that would be far too delayed, and potentially inaccessible to the target audience, to be relevant.

A deeper analysis of the Ebola outbreak from an anthropological perspective, specifically on the population's reaction to the humanitarian response and the implications of the war for the outbreak, has yet to be published. Some scholarly findings are beginning to come to light in conferences and workshops, but the majority of research on which this thesis draws is from non-academic sources, to which I have applied my knowledge of the war as well as anthropological theory. Because of this lack of data, the emphasis of the current thesis is not on Ebola, but rather on the experiences of violence and the body during the war, as well the relevance of these experiences to future humanitarian efforts.

While the decision to not travel to West Africa to conduct fieldwork was largely outside of my control, I made a conscious decision to not conduct fieldwork among the West African diaspora in the United States. This was for two reasons: first, the section of

my research that would have benefitted most directly from fieldwork in West Africa, namely that on the population's reaction to the humanitarian action on Ebola, would not have been possible to carry out among the diaspora as it was a currently unfolding disaster in a far removed locale. Second, while research on the experiences of violence and the body might have been possible, albeit to a limited degree, among members of the diaspora who survived the war and since emigrated, it would not have been ethically appropriate to interview people with whom I had not had an extended period of time to develop rapport on a subject as intimate and traumatizing as the war. Due to the limited and isolated nature of any interviewing that would have been possible to conduct among the members of the diaspora, it would have been unlikely to produce any real insights, while the chance of causing harm would have been very real.

This thesis, then, is based upon extensive library research on the subjects for which it is possible, namely on the war and to a much lesser degree, on the Ebola outbreak. I drew from multidisciplinary sources deliberately, with the intention of generating insights that would be relevant to the work of readers from across academic and professional disciplines. I also drew heavily upon nonacademic sources, including reportage in the mainstream media, personal accounts, and publications from professional organizations working in the region. By engaging with all of the aforementioned sources in a rigorous theoretical analysis, I believe that I have developed an argument that is both theoretically and methodologically sound, despite the constraints that I faced upon undertaking the project.

Travel to West Africa for fieldwork and conversations with the diaspora on their experiences of violence and the body are lines of inquiry that have the potential to be beneficial to both the populations and the discipline, and warrant future research when it can be completed in an ethically and methodologically sound manner.

HISTORY IN BRIEF

Narratives on the conflicts that wracked Sierra Leone and Liberia during the 1990s typically describe the fighting as two distinct wars that influenced each other but were fundamentally distinct. This division along state lines is an artificial construct that obscures the fact that the wars were fought simultaneously, by the same actors, over the same resources, and for the same reasons (Hoffman 2011:27). An alternate framing of the wars is as one conflict, the Mano River War, called such after the river that exists as the boundary between Sierra Leone and Liberia and that was central to the movement of bodies, resources, war materiel, and ideas throughout the conflict (Hoffman 2011:27). For the purposes of this thesis, the "Mano River War" will be used synonymously with the Sierra Leonean and Liberian civil wars.

The distinction between war and peace in West Africa has been fluid and ill defined in colonial and postcolonial decades. The Mano River War must be understood in the context of the wake of colonialism, during which time government structures and institutions were destabilized and the geography of the region artificially territorialized. In the decades since Sierra Leone's independence from British colonial rule in 1961 and the end of Americo-Liberian rule in Liberia in 1980, the relationships of national elites

with colonial and neocolonial metropoles continued to have a destabilizing effect in the struggle over access to international economic networks and natural resources, including diamonds, lumber, rubber, and iron ore (Hoffman 2006:11, Hoffman 2011:18). Only in-country elite and their overseas partners benefited from earnings generated in the resource rich region (Hoffman 2006:11, Hoffman 2011:18); a profoundly unequal distribution of wealth led to the deep marginalization of a large segment of the population. Effects of Cold War era geopolitics were also intensely felt, including the end to superpower patronage and the disastrous consequences of international lending practices and structural adjustment programs that characterized the 1980s (Ellis 2001:20, Hoffman 2006:11, Hoffman 2011:18, Richards 1996:*xvii*). The war made evident the increasing difficulty in distinguishing military maneuvers from geopolitics and the functioning of the global economy. Therefore, the events of the war must be considered within the overlapping contexts of the military, the political, and the economic.

War officially broke out in 1989, after decades of repressive rule and marginalization of the opposition by those in power. Fighting began in Liberia when the National Patriotic Front of Liberia (NPFL), led by Charles Taylor, began to rebel against President Samuel Doe (Ellis 2001:2). In 1990, Doe was executed by a splinter group of the NPFL, led by Prince Johnson (Ellis 2001:11). In 1991 the war spread to Sierra Leone with the attack of the rebel group, the Revolutionary United Front (RUF), led by Foday Sankoh and funded by Taylor, on towns near the Liberian border (Hoffman 2011:28). Despite being a relatively small group, the actions of the RUF had a profoundly destabilizing effect on the nation, one that would reverberate actively for more than a

decade, and the effects of which continue to be felt. A year later, when the Sierra
Leonean government's response proved ineffective and the fighting began to have a
negative impact on the lucrative diamond trade, the military staged a coup (BBC 2015:1).
In both nations, the next decade saw a succession of military coups, militia and rebel
uprisings, influxes of both private armed groups and international peacekeepers, and the
establishment and dissolution of tenuous peace accords. The fighting continued in Sierra
Leone, with fluctuating levels of violence, through January 2002, when the RUF was
defeated following UK, UN, and Guinean intervention, and a tentative peace was
declared (BBC 2015:1). In August of 2003, amidst an indictment of war crimes for his
support of rebel groups in Sierra Leone and intense, ongoing fighting in Liberia, Taylor,
who had in 1997 been elected President, fled the country to exile, at which time the
arrival of international peacekeepers brought about a shaky peace that has been
maintained in the region since late 2003 (BBC 2016:1).

To offer a broader context still, prevalent thinking on West Africa at the time of
the conflict must be taken into account. In 1994, Robert Kaplan published an article in
The Atlantic entitled "The Coming Anarchy," in which he argued that West Africa, as
well as other areas of the developing world, were in the process of descent into a "new
barbarism," characterized by environmental crisis and cultural implosion. Kaplan's work
was widely read and highly influential; it was distributed to every United States embassy
in the world (Richards 1996:*xiv*). Anthropologists writing on West Africa since then,
including Paul Richards (1996) and Stephen Ellis (2001), have tended to do so in explicit
opposition to Kaplan's thesis. They have argued, and it will be argued here, that while the

Mano River War was one of extraordinary violence that seemed to lack an adequately compelling logic for its continuation, the fact that it was incomprehensible to both those on the inside, suffering the violence, and those on the outside, attempting to make sense of it, stemmed from the fact that it was a highly calculated, highly effective war of terror. The war, despite its brutal violence, does not imply the underlying African savagery that Kaplan suggests.

Instead, the war was rooted in broader patterns and dynamics that, while they do not justify the violence, do make some sense of it. Patterns of inequality, such as those between in-country elites and marginalized groups, and exploitative relationships, such as those between West Africans laborers, West Africans of the dominant social group, and their international business connections, have remained intact and encouraged since their establishment during colonialism (Hoffman 2011:28). Repressive politics, which resulted from the aforementioned dynamics and perpetuated the rule of those in power in the region for decades, were a primary motivating factor behind the conflict. The destabilization of the region that followed the initiation of fighting allowed for a challenge to the deeply entrenched social, political, and economic structure that might have otherwise continued in perpetuity, without meeting significant resistance. It also destabilized the health sector and the population itself, leaving both susceptible to the impact of the Ebola crisis that began a decade after a fragile peace came to the region (Benton 2014, Lubkemann 2014).

The toll taken by the fighting is nearly unfathomable and equally difficult to quantify. The violence was characterized by brutality; while no part of region was left

unscathed, rural and diamond-rich areas were disproportionately affected. All involved

parties targeted civilians and soldiers alike in particularly graphic and devastating

assaults, including disappearances, amputations, rape, and purposeful mass destruction.

In Sierra Leone approximately 55,000 people were killed and exponentially more were

injured, many irrecoverably so (Coulter 2009). Nearly half of the population of 6 million

was displaced both within the country and across international borders, primarily to

Guinea and Liberia, creating one of the largest refugee populations in Africa (Coulter

2009). In Liberia approximately 250,000 people were killed, with many tens of thousands

more mutilated, raped, or displaced (BBC 2016). Effects of the war permeated the

political, social, and economic spheres of life. Health and medical services were also

affected, due to the region's limited capacity to provide care for the population as well as

the rapidly growing needs of a population with complex beliefs, expectations, and

perceptions of medicine, physicality, and the nature of health care (Benton 2014, Henry

2014).

Chapter 2: Theoretical Considerations and Literature Review

This project will build upon existing scholarship in the anthropology of violence, medical anthropology, and development anthropology. It will contribute primarily to the field of sociocultural and medical anthropology but also to the literature on public health, international affairs, international development, and humanitarianism. As such, it will draw upon the literature from across these disciplines. What follows is a review of the theory that will be used to analyze the data, as well as an overview of existing literature relevant to the topic.

Biopolitics and Necropolitics:

Achille Mbembe's (2003) theory of necropolitics contests and expands upon Michel Foucault's (1991) concept of biopolitics. One of Foucault's premises is that the sovereign power that of state sovereignty, while pervasive in exerting its governance over the physical and social bodies of the living, does not extend beyond the moment of death. Foucault maintains that the state, a diffuse and nebulous entity, establishes power over individuals and the population by cultivating subjects that are healthy, fit, and amenable to being governed; this dynamic exists in the form of a multitude of relationships and interactions between individuals and institutions such as hospitals, law enforcement, the justice system, and social services (Ong 2003). The production of governable bodies thus

reinforces the state's capacity to maintain its position of power. Foucault (1991) argues

that the power of the state over the person ends at the moment of death; without a

governable subject, the power of the state to govern is no longer.

While Achille Mbembe (2003) agrees with many of the methods for the

development of power that Foucault outlines, his argument diverges from the

Foucauldian framework in significant ways. Mbembe, in his article entitled

"Necropolitics," simultaneously builds upon and contests the Foucauldian concept of

biopolitics. Using biopolitics as a starting point, Mbembe's (2003) concept of

necropolitics is a corrective, premised upon the argument that Foucault's theory is

insufficient in its explanatory power regarding the capacity of modern governments to

use the threat of death to control their populations. Whereas Foucault used Western

European states to illustrate biopolitics, Mbembe uses less stable, post colonial

governments to demonstrate the importance of necropolitics to understanding power

dynamics and to "provide insights through which we can understand politics as a form of

war in which the sovereign emerges through the determination of who dies or who does

not die and, therefore, lives" (Wright 2011:709). Mbembe contends that the "meaning of

death in necropolitics, like the meaning of life in biopolitics, emerges through

interpretations of embodiment – of corpses, of who kills, and of who is targeted for

death" (Wright 2011:709).

The implications of Mbembe's concept of necropolitics can be seen in Isaias

Rojas-Perez's 2013) work on transitional justice in post civil war Peru. Like Mbembe,

Rojas-Perez contests the Foucauldian assertion that death is the limit of sovereignty,

arguing instead that power extends over bodies and the struggles over control of bodies.

He argues that the manner in which states and communities govern dead bodies is crucial

to transitional justice, and examines the role of the dead as agents and interlocutors,

finding that control of dead bodies becomes increasingly important and potentially

divisive when the deaths occurred through political violence or state terror. The case of

Peru illustrates the ways in which the handling of the dead has a profound impact on the

living. The concept of necropolitics, as described by Mbembe and Rojas-Perez, will be

applied to the treatment of bodies during the Mano River War and subsequently to the

Ebola response, where a potential parallel role of the bodies of the dead will be

considered.

Dead Body Politics:

Katherine Verdery (1999) writes on the role and importance of bodies in the

former socialist bloc. She argues for the importance of bodies in political life; the

capacity of dead bodies as political symbols can be seen when they are utilized in legal

proceedings, in an effort for justice and retribution; in death rituals and beliefs, including

in the definition of what constitutes a proper burial and in reburial to serve a political

purpose; in the connection between the utilization of corpses and the local, national, and

international contexts in which they are being used; and in terms of the formation of

memory, as they relate to the assessment and writing of the past (1999:2).

Verdery argues that responses to death vary dramatically both within and between

cultures, so the political meanings of death and associated beliefs and phenomenon are

must be localized and analyzed contextually (1999). Nonetheless, the power of the corpse as a symbol is recognizable beyond the post social bloc, albeit in a variety of manifestations, and Verdery's work is thus applicable to an analysis of the treatment and use of bodies during the Mano River War. Due to their very nature, bodies transcend time, while their physicality enables them to localize claims of power, legitimacy, and territory (Verdery 1999:28). Despite their corporeality and physical undeniability, corpses can be read differently and thus they are particularly effective as symbols because their meanings can be manipulated to serve the purposes of those shaping the narrative (Verdery 1999:31). The power of bodies as symbols is further established because of the degree to which they generate awe and fear, and summon bigger questions on life and death. The use of the corpse in politics leads those who witness its use to identify with the body through their own experiences of physicality and humanity, which thus accesses these individuals' personal locus of feeling and memory (Verdery 1999:33). I will argue that the use of the body in war is similar, if intensified, to that which Verdery describes during less violent periods of political transformation.

Embodiment of Violence:

Nancy Scheper-Hughes has written extensively on the embodiment of violence. In *Death Without Weeping* (1992), she details the pervasive fear of the disappearance of bodies and body parts felt among the residents the Alto de Cruzeiro, which she attributes to ways of being in the world characterized by the everyday violence of chronic hunger, sociopolitical and economic injustice, and the acute violence wrought by death squads,

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which perpetrate murder, torture, and kidnapping. This fear manifests itself in a number of physical ways, which exist simultaneously as expressions of defeat or surrender, resistance, and the keeping of history. Scheper-Hughes discusses the poor fit between biomedicine and fundamentally non-Western ways of experiencing illness, which she argues are frequently manifestations of individual and social discord and injustice. This thesis draws on Scheper-Hughes's work to explore the embodiment of violence and fear, the implications of disappearance, and the applicability of a biomedical model for West Africa, specifically in the setting of the Ebola outbreak in Sierra Leone and Liberia.

For western anthropologists and health care providers to function outside of the rigid confines of biomedicine, which is so fundamentally framed by Cartesian dualism, requires the development of an understanding of what Scheper-Hughes and Lock call the system of three bodies (1987:7). First among these is the individual body, which involves the lived experience of the body itself and is based in the assumption that all people have some sense of the embodied self; the "individual" body is based on the culture-specific conceptualization of "self," however that is understood and lived. The social body involves representational uses of the body as a natural symbol through which to think about nature, society, and culture; here the body in health is a model of organic wholeness, while the body in sickness is a model of social disharmony, imbalance, and potential disintegration. The last body is that of the body politic, which refers to the regulation, surveillance, and control of bodies, both individual and collective, in reproduction, sexuality, work, leisure, and sickness. The stability of body politic relies on the extent to which the population can be regulated and individual bodies disciplined,

particularly in times of crisis. When the social order is threatened, boundaries between individual and political bodies become blurred; this obfuscation of borders is often manifested as concern with matters of ritual and sexual purity and a heightened vigilance over social and bodily boundaries (Scheper-Hughes and Lock 1987). Illness somatization exists as a medium through which to express individual and social complaint and frequently leads to the medicalization and overproduction of illness (Scheper-Hughes and Lock 1987).

Scheper-Hughes and Lock argue that illness and distress are a form of everyday resistance to the oppression of the marginalized and disempowered, particularly when open political activity is impossible or unsafe. Illness becomes a ritual of resistance through which power relations can be negotiated and awareness can be brought to the links between the political and social orders and physical distress (Scheper-Hughes 1992). This link is made explicit in *Death Without Weeping* in the physical manifestation as illness of tensions and injustices between Brazilian shantytown residents and the violence and repression of the state (Scheper-Hughes 1992). Here, sickness is a form of communication through which nature, society, and the state are simultaneously exhibited. The individual body becomes the site at which social truths are played out and displayed, as well as the locus of personal and social resistance, creativity, and struggle (Scheper-Hughes 1992). Scheper-Hughes and Lock's concepts will be used to analyze the complicated relationship of the three bodies as they manifest in Sierra Leone and Liberia, particularly in the examples of two sicknesses, hypertension and nighttime sleep paralysis, discussed in chapters three and four, respectively.

Scheper-Hughes (1992) draws upon a nuanced understanding of the Gramscian concept of hegemony to argue for the potential of biomedicine in non-Western settings to function based on the needs of the people. Gramsci's concept of hegemony has been widely applied to the roles of the doctor and the anthropologist in the developing world. Hegemony describes the establishment and preservation of control by the ruling class; an expansion of Marx's theory of hegemony, Gramsci's (2000) definition includes elements of coercion and consensus between the ruling class and civil society and involves ongoing struggles for the maintenance of power. Hegemony is maintained through ideology, values, and norms, with violence and force being utilized rarely, if ever, and only when persuasion, coercion, and consensus fail to produce the desired results. Gramsci understands the intellectual as an individual who serves a particular function within the social system; the "traditional" intellectual is one whose role involves the reinforcement of the dominant social system. The uncontested prevalence of traditional intellectuals within any given society results in a lack of challenge to broader relationships and inequalities, as the characteristics of society become shared, commonsense, and "natural" (Scheper-Hughes 1992). The prevailing dominant ideology naturalizes the status of the ruling class through the adoption of their values by civil society.

The value of the concept of hegemony as applied to medical anthropology has been debated extensively within the discipline. An analysis of the debate reveals that a nuanced understanding of Gramscian hegemony is an appropriate framework in which to consider the role of the anthropologist and doctor in non-Western contexts. While both

doctors and anthropologists have the potential to act as traditional intellectuals who reinforce the hegemonic structure (Scheper-Hughes 1992), they are not automatically condemned to function in ways that will contribute to the oppression of the masses or perpetuate the status quo. Instead, both medical anthropologists and doctors also have the power to act as forces for positive change. Scheper-Hughes envisions this occurring via a form of "liberation medicine," based in hope and the needs of the affected, as they identify them. This possibility is crucial to keep in mind when considering how best to utilize an understanding of the Sierra Leonean and Liberian embodiment of violence for the purpose of planning and carrying out future humanitarian efforts.

Scheper-Hughes (1992) has written at length about the individual and collective effects of the disappearance of lives and bodies, as well as the crippling implications of the loss of bodily certitude for both the person and the culture. On the subject of bodily certitude, she asks:

> What if a climate of anxious, ontological insecurity about the rights to ownership of one's body was fostered by a studied, bureaucratic indifference to the lives and deaths of 'marginals,' criminals, and other no-account people? What if the public routinization of daily mortifications and little abominations, piling up like so many corpses on the social landscape, provided the text and blueprint for what only appeared later to be aberrant, inexplicable, and extraordinary of state violence against citizens? (Scheper-Hughes 1992:220)

In Brazil, fears centered on the disappearance of people and body parts are grounded in reality; the unnecessary amputation of limbs and removal of organs in clinics without consent, kidnappings, and disappearances, as well as the forced removal of children from their homes for adoption has been documented extensively (Scheper-Hughes 1992). A profound sense of vulnerability is associated with this disposability and replaceability of

people within a system in which poor, marginalized populations are neither valued, nor recognized, for their humanity. Ursula Biemann (2001) echoes and expands upon this argument in her work on the murders of female workers in Mexican maquiladoras; she argues that the construction of female bodies as voiceless, disposable, and replaceable has permeated Mexican culture to such a degree that poor women are no longer understood as fully human. While Scheper-Hughes and Biemann direct their critiques against the chronic, structural violence and its deadly consequences in Brazil and Mexico, the implications of a similar bodily vulnerability can be seen during both the war and the Ebola outbreak in Sierra Leone and Liberia.

Scheper-Hughes (1992) argues that when the only functioning institutions in existence are those that discipline, punish, or terrorize, an obsessive state fear of subversion or other criminal activity leads to the normalization of the use of terror and the routinization of violence as the state struggles to maintain its control and to exert its power through violent means. The desperate needs of the poor may lead them to challenge the state; if made on a large scale, their challenges are dangerous and pose a threat to the state, which necessitates further discipline by the state to maintain control. The degree to which this has manifested during the Sierra Leonean war will be examined and the treatment and manipulation of Sierra Leonean bodies will be considered. Rojas-Perez's (2013) analysis of the role of dead bodies in efforts by the state to gain and maintain control, expanded upon below, will also be applicable here. His work will be used as a lens through which to consider how the state attempts to utilize bodies in the aftermath of conflict. Whether the state attempts to use bodies similarly in the aftermath

of medical emergencies, like the Ebola outbreak, will also be considered. In both instances, the focus will be on the ramifications of the disappearance of bodies for individual and collective closure and transitional justice.

In *The Nervous System*, Michael Taussig (1992) undertakes an analysis of the forces that shape society (1992). Drawing on Gramsci and Foucault, Taussig argues that the modern state is an entity to which power is continually transferred; to maintain its position of power, the state uses violence, the media, and other means of control. "The nervous system" is one in which the default state of society has become one of ongoing emergency, rather than an emergency state being that which punctuates normalcy, a claim utilized in Stephen Lubkemann's work as well. Both Taussig (1992) and Scheper-Hughes (1992) explore the implication of a particularly nervous "nervous system" upon those living in a culture of everyday violence and find that it has profound consequences for one's understanding of the physical body. This thesis seeks to identify and explain what it means to live in a constant state of tension, violence, and control over the body during the times of war and epidemic in Sierra Leone and Liberia.

In *Vita: Life in a Zone of Social Abandonment*, João Biehl (2013) seeks to understand the production of social death as it is manifested in the life and suffering of Catarina, a Brazilian woman upon whom his ethnography is based. He details various social processes, including neoliberal reform, the deinstitutionalization of medicine and transfer of care onto the family, the disintegration of traditional family structures, pervasive, seemingly inescapable poverty, and the medicalization and biomedication of the body, all of which he describes as forces that alter the course of biology and

accelerate physical and social death. Biehl argues that Catarina's demise, physically, mentally, and socially, was not inevitable but the result of this particular constellation of forces. Like Scheper-Hughes (1992), Biehl argues that both healthcare and the maintenance of the social status quo in Brazil are dependent upon the framing of nonmedical issues as medical, thus enabling their underlying causes to be ignored and for them to be treated exclusively within the medical realm. These dynamics take place in the case of individual illnesses such as Catarina's neurological condition, as well as social ills, such as broken family units. The automatism of medical practices contributed to Catarina's suspension in a process in which hospitals and medical practitioners did not attempt to treat her as an individual, instead enabling the illness to become the person, the "mad" identity of the person to become one that could not be left behind, and eventually, the person to become an "ex-human" who no longer belonged to the social body. Essentially, Catarina and those like her became stigmatized bodies no longer worth governing nor attending to.

For people living in institutions like Vita, medication became a social tool and the individual became the pharmaceutical object and the typical patient, a mad one, whose very presence legitimates his abandonment. Such individuals could then be "terminally excluded from what counts as reality" (Biehl 2013:53). Their non-humanity or ex-humanity serves as an explanation of their death and rationalization of blaming the individuals – despite the fact that they are no longer viewed as individuals – for their own state of being. The mad person's family and society benefit from keeping the patient ill, for it allows them to maintain their own lives and health. In this way, the individual

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becomes a sick, condemned expression of the collective suffering of the family and society at large. A symbiotic relationship of the state, medicine, the public, and the family combine to "makes death's job easier" (Biehl 2013:38). Biehl emphasizes that Catarina is not an exception but rather a patterned exemplar, the result of the mental health treatment, characterized by deeply ingrained structural violence, embodied by and utilized only for the urban poor (2013). Residents of Vita are the very real embodiment of exclusion – from their families, from society, reality, and from the commonsense conception of the world (Biehl 2013).

Biehl argues eloquently for the unique power of the anthropologist to work from the space of articulation of multiple spheres of existence with a view of the particular positions in which lives are concurrently shaped and foreclosed (2013). He bases *Vita* on the obligation and responsibility of the ethnographer to ensure that the story of the oppressed remains open and unfinished; in doing so he allows the voices of those who would not otherwise be heard to reach an audience. Biehl questions whether he is participating in the horror and sensationalizing of those living at Vita via his very gaze, but determines that to decline to represent lives and circumstances such as Catarina's would be equally a failure, a neglect of the people who had allowed him access to their hidden, troubled worlds. This thesis draws on Biehl's understanding of the individual as a manifestation of collective forces and collective suffering, in order to ascertain how the civil war and the Ebola virus in Sierra Leone both channeled and reflected social relationships and ideologies as they were manifested in the human body and perceptions of the body.

In *Formation of Violence: The Narrative of the Body and Political Terror in Northern Ireland,* Allen Feldman (1991) also uses the framework of the body to explore the political violence that plagued Northern Ireland for more than thirty years, known as "The Troubles". He argues that the body is both a political subject and the locus of material practices, through which a link between violence and history can be understood and through the spectacle of which values are engaged and reckoned with. He contends that "political violence entails the production, exchange, and ideological consumption of bodies" (1991:9); it is through this framework that he approaches an analysis of the violence terrorized the country during The Troubles.

Feldman (1991) argues that the physical body has the dual roles of performance and embodiment during acts and times of violence. He contends that violence can exist either as the performance agent of individual actors or the mechanized component of the gun, in which the function of the instrument is recognized more so than the individual who pulls the trigger. The gun, like the mask, dehumanizes and converts the person behind it into a tool, almost a metonym for the gun itself. Feldman (1991) explores the dichotomy of performativity versus mechanization through comparisons of the hardman of Belfast, the traditional street brawler who seeks personal visibility in relation to other hardmen, to the hiding or masked gunmen, a product of the evolving violence in the city as it shifts away from that of individuals, and the paramilitaries, whose actions are characterized by the transfer of visibility onto the objectified victim, thus creating a collective, nebulous visibility for the aggressor as terror. In this latter manifestation of violence, the instrument of violence – the gun or bomb – and the act of violence become

the focus, while the aggressor operating the instrument fades into the background. As the visibility of the aggressor is collectivized and obscured, so is responsibility for the crime, while the meaning and intent of the crime remains clear. This mechanized violence leads to a loss of the individuality of the victim as well as that of the perpetrator and thus defaults to a victimhood, which Feldman (1991) argues in the case of Northern Ireland is defined by ethnicity rather than religion or class. He recognizes other contexts, however, in which alternate ways of assigning identity categories may be the default means of classification. This allows for both the victim and perpetrator to exist in the collective consciousness as a personification of a collective identity. As the nature of the violence shifts, the effects of the performativity shift profoundly and have ramifications that alter the collective experience and understanding of the violent acts themselves.

Feldman (1991) delves deeply into the relationship of social spaces, genocide, and corpses. He argues that the disappearance of bodies is associated with the disappearance of the social space from which they disappeared. For example, the murder of a Catholic victim, killed in a public space that is identified by its Catholic inhabitants, transforms that space into one that is no longer "purely" Catholic. In this way, the killing and the corpse serve simultaneously as acts of defilement and purification, depending on one's perspective. For the Catholic community that has been violated, the murder is a defilement, while for the Protestant aggressor (or vice versa), the murder represents a cleansing. Similarly, an individual, as he is killed and becomes a corpse, also becomes an orifice for the message – a message of terror for the victim and for the audience. In the end, genocide has a ripple effect on the understanding and construction of death, in which

both individuality and the individual death are erased – or at the least, become secondarily recognized in the collective understanding of the violence. It is in his work on space and the physical body that Feldman's argument on embodiment is most explicit. At the same time that the body becomes the orifice for the message it also becomes the message itself, inserted into the physical space of the Other. The stories told about these violations further reinforce their prominence in the collective understanding of the toll that the unrest has taken on the individual and collective body.

For this project, Feldman's work will serve as a framework against which to understand and analyze the narratives of the body during times of political violence in Sierra Leone and Liberia. The dual roles of the body as a site for performance and embodiment will be investigated in the Sierra Leonean and Liberian experiences of war and illness; parallel manifestations of conflict will be traced.

Health in a Bio-Social Context

The final major theoretical framework structuring this research is that of the syndemic, as it is conceived of by Merrill Singer and Scott Clair (2003) in their article entitled "Syndemics and Public Health: Reconceptualizing Disease in Bio-Social Context". Premised upon the argument that "diseases do not exist in a social vacuum nor solely within the bodies of those they inflict" and thus that "their transmission and impact is never merely a biological process" (2003:428), they contend that the "coinfection and synergistic interaction of diseases and social conditions at the biological and population levels" leads to an increased burden of disease (2003:423). They define "syndemic" as

two or more epidemics that interact in such a way that their health burden upon the population is amplified beyond the cumulative effects of the two conditions, should they have occurred in isolation; syndemics lead not just to coinfection but to "*enhanced infection due to disease interaction*" (Singer and Clair 2003:425; emphasis in original).

While Singer and Clair's work is based on the ways in which the bio-social context impacted the HIV/AIDS epidemic, it is equally applicable to the biological conditions of the Ebola outbreak when understood as fundamentally rooted in the social condition of the recent war in West Africa. Syndemics unfold "because of harmful social conditions and injurious social connections" (Singer and Clair 2003:429); in this study, the Ebola outbreak in West Africa, when taken in the context of the recent wars and resultant devastated health infrastructure and broken economy, will be analyzed as a syndemic.

Singer and Clair argue that sickness categories are transformed by social conditions and events and that as such, medical anthropology has the potential to facilitated the understanding of disease within the cultural, socioeconomic, and political contexts in which they occur. Therefore, disease is not a discrete entity, as it is framed by biomedicine, but an explanatory model that has the potential to make sense of the complicated articulation of the biological and the social (Singer and Clair 2003). Based in actual biological interaction, the use of the syndemic as a framework for analysis emphasizes the "determinant importance of *social conditions* in the health of individuals and populations" (Singer and Clair 2003:428; emphasis in original). The sociopolitical

context of public health, and particularly of epidemics, cannot be overlooked if the cause

of the suffering of the individual is to be fully understood. As Paul Farmer states:

> Take tuberculosis, with its persistence in poor countries and its resurgence among the poor of many industrialized nations. We cannot understand its marked patterned occurrence – in the United States, for example, afflicting those in homeless shelters and in prison – without understanding how social forces, ranging from political violence to racism, come to be embodied as individual pathology. (1999:13)

This manifestation of the social in the individual body is of central importance to the

analysis of the population's response to the Ebola outbreak in West Africa; it will be

further explored as it occurs in Brazil in the work of Joao Biehl and in West Africa in the

work of Doug Henry, among others.

Social Conditions of War

In *Culture in Chaos*, Stephen Lubkemann (2008) recognizes of the need for an

alternative understanding of war, one that recognizes that wartime violence is not

necessarily an extraordinary event that disrupts everyday life, to which one will return

when the violence stops, but rather that it may become a condition of everyday life. He

argues for ethnographic research and accounts that recognize the transformative power of

war on the social fabric and that do not assume war is confined to an isolated moment,

distinct from the normalcy of daily life. Lubkemann's research is based on his extensive

fieldwork conducted in Mozambique, on Mozambican social networks, with an emphasis

on gender relations, displacement, and return. He argues that many individual and

collective decisions during the Mozambican civil war were made with little regard for the

overarching causes of the war itself. He finds that individuals, long thought to lose personal agency in the midst of prolonged violence, frequently retain far more control of their decisions and actions than they are often accorded. These actions are not limited to resilience within social networks established in times of peace; instead they frequently involve the formation of new networks and dynamics that have little to do with the political causes of violence.

Michael Jackson, in his piece entitled "Storytelling Events, Violence, and the Appearance of the Past" (2005), argues that the act of storytelling illustrates the ways in which Sierra Leoneans, in particular, engage with and negotiate strategies for preserving the viability of social life in war and peace. Jackson argues that the past is fluid and constantly changing; it is understood differently depending upon the context and those doing the remembering. In this way, it is continually appropriated by the present, which in turn further alters the way the past is remembered; the present has the power to "bring about" the past (Jackson 2005). Jackson (2005) argues that stories and oral histories in Sierra Leone are frequently conducted in group settings and are structured in an exchange that allows each subsequent story to build upon those told before, as well as to gently, humorously challenge existing social norms, expectations, and ethics. He argues that these sets of stories must be taken together "as a strategic series that plays off points of view, one against the other, creating a polyphony of voices and enlarging one's understanding of how the recurring dilemmas of everyday life are experienced by different individuals" (2005:360). Storytelling thus serves to expose listeners to a range of perspectives while simultaneously reestablishing the known way of being in the world

and fostering a conciliatory attitude in settings characterized by division and conflict (Jackson 2005).

This project will utilize Lubkemann's understanding of the dynamics of the social condition of war as a framework through which to approach the Sierra Leonean experience of war. Similarly, Jackson's extensive work on storytelling in Sierra Leone will serve as the basis for further research into the role and function of war stories, specifically stories on the body, and their role in shaping the social network.

Temporality

Given that this thesis is structured around an analysis of past events, their bearing on the present, and their implications for the future, it is appropriate to consider the topic through the lens of temporality. Michael Oakeshott argues that "there are not two worlds – the world of past happenings and the world of our present knowledge of those past events – there is only one world, and it is the world of present experience" (1933:108). Drawing on Oakeshott's argument, this thesis will explore questions of temporality within the Sierra Leonean experience of violence and what their relevance may be for future humanitarian action.

Kimberly Theidon also addresses the concept of temporality in her work on postwar Peru (2006). She explores what must occur on the collective level in areas that have recently been the sites of profound violence to enable the population to understand violent events as existing in the past. She addresses issues of both retributive and restorative violence, and finds that a lack of closure means that history remains active and

the past remains part of the present. This argument has significant implications for how

the war permeates, in both discourse and practice, current social structures and

humanitarian responses. The proposed research will explore the ways in which the

language, memories, and tactics of wartime extended into and characterized the Ebola

response and how they influenced the reaction of the population to medical efforts

undertaken in Sierra Leone.

In his work in postwar Peru, Rojas-Perez (2013) questions the implication of the

fact that for the families and communities of the disappeared, death is suspended in

perpetuity. Suspended death guarantees uncertainty moving forward, for even the death

itself cannot be conclusively known. This has profound implications for transitional

justice and for the ability of the living to move forward. The inability of the state to return

the bodies of the disappeared for appropriate recognition and burial by family and

community members impedes retribution and reconciliation efforts. Rojas-Perez argues

that the practices and methods of transitional justice have the potential to make clear the

connection between the present day community and the genocide of the past. Rojas-

Perez's work will be significant as a framework through which to explore the role of

bodies, particularly as they are utilized by the state and other political forces seeking

control and attempting to establish impermeable borders between past and present.

*Humanitarianism, the Ebola Response, and the Relevance and Responsibility of
Anthropology*

While there is a relatively robust body of literature on violence, the embodiment

of trauma, and the anthropology of the Sierra Leonean war, very limited research has

explored the implications of these experiences for the humanitarian responses to the Ebola virus. The aim of this project is to directly contribute to research in this area. Literature on the relevance and importance of anthropology to the Ebola response will serve as a foundation for further research.

More generally, this thesis is motivated by the premise that anthropology has something to offer to the Ebola response and to humanitarian crises worldwide, including war and medical emergencies. Nancy Scheper-Hughes and Margaret Lock (1987) have contributed extensively to outlining the role, scope, and responsibilities of researchers who seek to participate in critical medical anthropology. Scheper-Hughes and Lock describe the task of the critical medical anthropologist as that of describing the metaphorical conceptions of the body and their associated narratives, and from there, highlighting the individual, social, economic, and political uses to which these ideas are applied in practice. They argue that there has been a lack of sensitivity within anthropology to the way in which the culture of science shapes what and how research questions and interests are structured; this is particularly applicable to an epistemological critique of biomedicine, which has long held a privileged status and been exempt from such scrutiny. The need exists for a more radical undertaking of medical anthropology, in which the focus shifts to the ways in which all knowledge related to the body, health, and illness is culturally constructed, negotiated, and renegotiated in a dynamic process through time and space (Scheper-Hughes and Lock 1987).

The challenge, then, becomes twofold: that of utilizing all the good of biomedicine while remaining adequately critical of its foundations and applications, and

that of acting and thinking in a manner that is respectful of the studied culture without defaulting to a mode of analysis that is reductionist and characterized by rationalization.

Sharon Abramowitz (2014) directly addresses the question of the applicability of anthropology to emergent medical situations in her work on the Ebola epidemic. She succinctly outlines the relevance of anthropology to medical emergencies and describes the ways in which anthropologists can – and have the moral obligation to – contribute to medical responses in times of disaster. Anthropologists have the capacity to provide insight into how to accurately count the dead, interpret local reactions to the Ebola response, gauge local capacity to respond, provide data coordination and analysis, and develop innovative solutions at the local level (Abramowitz 2014).

For example, the AAA (2014) report entitled "Strengthening West African Health Care Systems to Stop Ebola," which was generated from a workshop held in Washington, DC on the Ebola response, emphasizes the problematic nature inherent in the framing of the response to Ebola in the language of the military. The global health and humanitarian discourse was rife with references to an "attack" or "war" on the virus or to the "winning of the fight" against Ebola, which may have affected the way that the population perceived the response, particularly when coupled with the significant foreign military presence during the response itself. An understanding of the roots of this perception and subsequent resistance has the potential to lead to the development of a more culturally appropriate response for future humanitarian efforts. At the AAA conference, Doug Henry suggested that instead of framing the response as a war on the disease, the effort could have been framed in the language of soccer: community engagement with the

response could have been improved simply by substituting the phrase "working toward a goal" for the commonly employed "fighting the battle" (Henry 2014). This is but one example among many that demonstrates the usefulness of an anthropological perspective in order to arrive at viable practices to provide the most culturally sensitive, effective care possible during times of medical emergency, without sacrificing medical outcomes.

In order for the Western practitioner of either anthropology or healthcare to engage productively in the study of medical anthropology, Cartesian dualism must be deconstructed; one must consider how to think, act, and analyze beliefs and practices without assuming that this separation of mind and body is the only way of being in the world. A reliance on Cartesian dualism often results in a pervasive medicalization of illness, as described by Biehl (2013) and Scheper-Hughes (1992), which shifts the focus from a holistic approach to that of the individual and biology, thus missing the link between the individual and social bodies and transforming the social into the biological. This act has the consequence of framing social dis-ease as a medical problem, which neutralizes the discord and enables it to be treated without addressing underlying social issues or cultural values that may contribute to illness, either directly or indirectly. The development of an understanding of the role that this problematic construct is planning in Sierra Leone and Liberia will be of central importance in the analysis of the relationship of violence to the body and of the civil war to the Ebola outbreak and response.

Wilkinson and Leach (2014) argue that an anthropological understanding of the Ebola crisis has the potential to explain how the outbreak was so profoundly decontextualized and depoliticized as it was in the media and in global health discourse.

They argue that misleading assumptions underlying responses to previous Ebola outbreaks led to ineffective action and negative consequences. A failure to recognize the range of forces that contributed to the conditions that fostered the outbreak ensured that the response would be an inadequate, superficial effort. A fundamental restructuring is necessary to prevent similar epidemics from escalating as rapidly and at such immense human cost in the future. Using an anthropological lens to understand the impacts of structural violence in its many manifestations, including colonialism, pervasive corruption, structural adjustment programs, and global health and development initiatives, would greatly increase the effectiveness of aid efforts (Wilkinson and Leach 2014). It would also potentially decrease the need for aid in the future (Wilkinson and Leach 2014, Jones 2011). An understanding of the history of the region, which is inseparably intertwined with the forces of structural violence that shape life, arguably could have a similar effect, significantly increasing the capacity of the humanitarian response.

Using the described theory and literature as a foundation, the following chapters will attempt to make meaning of the articulation of violence and the body as it occurred in multiple instances during and after the Mano River War, and will conclude with an examination of the relevance of an understanding of the embodiment of violence in times of humanitarian emergency, using the recent Ebola outbreak as an example.

Chapter 3: The Role of the Corpse

And what the dead had speech for, when living
They can tell you, being dead: the communication
Of the dead is tongued with fire beyond the language of the living.
-- T.S. Eliot, "Little Gidding"

The violence that characterized the Mano River War was particularly physically intimate, characterized by the targeting and terrorization of civilians and blurred boundaries between the war and the everyday. Despite the limited numbers of fighters who actively participated in the conflict, the pervasive and unabating nature of the bloodshed was such that the region was destabilized and transformed into a warscape for a period lasting more than a decade. The corpses of those killed featured prominently in the conflict and surrounding narrative. Dead bodies were more than inevitable by-products of the fighting; instead, state, nonstate, and individual actors utilized dead bodies as sites for the contestation of power and control. Furthermore, the violence and manipulation enacted upon dead bodies reflected and perpetuated that directed at the living population during the war. The corpse was central to the way that the violence unfolded, was understood, and was reproduced.

In order to analyze the deviation in the handling of bodies that occurred during the war, traditional burial practices must be understood. While significant variations occur across the Mano River region, including those of geography and religion, burial practices in Sierra Leone and Liberia are characterized by an emphasis on the important of

conducting burials in a manner that guarantees that the deceased will successfully ascend to the "village of the ancestors," where already deceased family and friends reside (Richards and Fairhead 2014). The timeframe of burial differs between Muslims and Christians; Muslims tend to conduct burials on the day of death, whereas Christian burials are often delayed for several weeks after death as proper funerary arrangements are made (Lipton 2014). Across religions, death is a time for the demonstration of social solidarity and empathy with the dead and the bereaved, during which physical touch functions as both a demonstration of sympathy and an effort for revival of the dead (Richards and Fairhead 2014). Vigils often precede funerals, which are followed by parades from the place of funeral service to the cemetery and social gatherings that continue for days or weeks, until a second service is held.

Participation in these prolonged rituals fulfills an important social obligation for the relations of the deceased. In West African culture, the afterlife is shaped not by a person's time on earth but the extent to which surviving kin carry out the necessary burial practices to guarantee a place for the deceased among the ancestors (Richards and Fairhead 2014). If adequate mortuary practices are not completed, the deceased will not reach the "village of the ancestors" and instead will be forced to wander indefinitely and engage in the disruption of the lives of their surviving family and community, who failed to perform the appropriate practices and make sufficient sacrifices (Richards and Fairhead 2014). Beyond the fulfillment of obligations to the deceased and insurance of life on earth uninterrupted by the torment by the dead, funerary practices exist as an important social structure around which family and community life is organized. This

makes the drastic break from traditional practices that occurred during the war even more significant than it would have been in a context in which the rituals of death were less central to family, community, and religious life.

BODIES IN CONTEXT

During the war, the destabilization of normal social processes related to the dead was a calculated process employed to fragment pre-existing power structures and weaken entire belief systems. This destabilization allowed for the perpetuation of the violence, which enabled the continued contestation of power and control over access to resources that was set in motion during colonialism and violently accelerated during the conflict. The violence and resistance were simultaneously attempts at recognition, acts of political speech, and exertions of sovereign power, or the attempt thereof. Bodies were central to these expressions of power and control, for it was upon the body, both living and dead, that various acts of violence, speech, and sovereignty were carried out.

A similar case of the role and treatment of the dead exists in the postcolonial West African state of Mali, where the destruction of Sufi shrines and the bodies of saints they contained illustrates the ways in which the destruction of the dead can be an expression of control over land, beliefs, and the body (O'Dell 2013:507). The dead bodies of Malian Sufi saints were destroyed by those seeking power as they sought to supplant the ideology with which the saints were associated, instead turning the bodies of saints into sites for the performance of shifting sovereignty, ideology, and materiality. Here, as in Sierra Leone and Liberia, the power over death and the dead held a fundamental role in the establishment of control and sovereignty. The place of the dead within the conflict

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will be examined to provide insight into the relationship between the manipulation of dead and violence directed at the living in postcolonial states (O'Dell 2013:506).

Bodies in the streets

In Sierra Leone and Liberia, dead bodies were the very real product of the violent power that characterized the war, and their prominent role in the streets, in politics, and in ritual was, fundamentally, an articulation of that power. During the war, bodies in the streets were a constant presence both in everyday life and in the narrative on the conflict. The accumulation of bodies in the streets dominated the accounts of the war that appeared in mainstream media (Ellis 1999:18). Many were the bodies of people who were killed in the public spaces of Freetown, Monrovia, and other locations in the region, their kin prevented from retrieving them by threats of further killing. In other instances, graves were exhumed and the bodies dumped in highly public spaces as a forced performance of death, enacted by the perpetrators of violence, in which the bodies of the dead served as central props (O'Dell 2013:513).

The deliberate presence of dead bodies is itself an act of politics and an effort on the part of those committing these violent acts to achieve recognition (Rancière 1995). The dead bodies that result from the enactment of extreme violence are the very tangible result of the act of power; the corpse and power are inextricably linked. While subtleties of the specific message being conveyed by perpetrators of violence, such as underlying demands for political reform, for instance, may not have been explicitly known or recognized by either those acting violently or the victims of the violence, broader

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messages of terror, uncertainty, and control were evident throughout the war. Bodies in the public arena were utilized as symbolic vehicles to convey messages of instability, domination, and ongoing shifts in power dynamics, as well as the perpetual fear and chaos that characterized the war.

Micro-encounters, notably roadblocks and checkpoints, existed at the core of the war, and the bodies left in the wake of such encounters symbolized the fear and insecurity of everyday engagements that might occur anytime one ventured into the streets. Anthropologist Stephen Ellis states, "Factions advertised their ferocity by putting skulls at the side of their road-blocks. ULIMO-K was even reported to have a checkpoint where the cord which blocked the road was formed by human intestines" (2001:146). These are examples of the ways in which dead bodies, in what would under normal circumstances be busy, highly socially visible locations, forced the inseparability of the profane and grotesque from daily life. In her work on the everyday violence of shantytown life in Brazil, Scheper-Hughes argues that when the police or other perpetrators of violence share symbols with victims of violence, they are able to make a reality the worst fears of the oppressed through the mutilation, disappearance, and loss of their bodies and body parts (1992). The same reality was shaped with the use of violated, dismembered bodies in strategic locations throughout the war.

In her work on Mali, O'Dell suggests that beyond the ultimate expression of sovereign power as the capacity to control who lives and dies, the fullest expression of sovereignty also can be found in having the power to condemn the "already dead to death" (2013:508). The enactment of the condemnation of the dead to death is embodied

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in the treatment of corpses in the streets. For example, there were frequent reports of dead bodies being run over repeatedly by the vehicles of militants in front of their families and other fighters (Hoffman 2011:3). Here, as in other acts of violence directed toward bodies in the streets, the corpse functions as a medium for the production of violence. Where it seems like there is no more violence to be done – because the potential victim of violence is already dead – defiling the corpse creates a violent act. This, in turn, generates a message: there is no respite from violence and terror, even in death. Violence toward the dead thus extends to the living.

The presence of bodies left unattended in the streets indicated the destabilization of normal social processes related to the dead, including burial practices and rituals that were central to the population's ways of understanding and existing in the world. Challenges to the practices of death are inextricably linked to the exertion of sovereign power for they demonstrate the scope of dominant power beyond the conventional bounds of the living; according to O'Dell, "[A]ny desecration of the dead is a radical display of sovereignty over the dead and the processes of death … Waging war on the already dead attacks the heritage of the past, terrorizes the psyches of the living in the present, and restricts rituals of the future" (2013:512, 518). Just as sovereignty extends beyond the world of the living into that of the dead, the effects of violence committed upon the dead profoundly affect the living.

Bodies in protest

In another manifestation of the ways that corpses were manipulated during the war, dead bodies in the streets were utilized in orchestrated acts of protest. In 2003, shortly before the end of the war, Liberians dragged piles of corpses to the front of the United States embassy in Monrovia, to protest the refusal of the United States to intervene in the war. Here, Jacque Rancière's (1995) argument for the recognition of violence as political speech is made explicit. The first act of violence, that of killing, was an effort on the part of those committing the acts of terror to have their power and dominance recognized. The second act of violence, the use of bodies in protest, was an effort of the protestors, primarily the families of those against whom the original act of violence was committed, to force public recognition of the inadequacy of the U.S. response to the war. As such, this secondary act of violence existed as the reclamation of a position from which to speak and demand recognition, in this instance from the international community. At the same time that the bodies were used as mediums for political speech, they were also physical, tangible displays of the violence and associated neglect of the US government. In this instance, as in all of the aforementioned examples of the roles of bodies, corpses were not just a display of power, but also of a lack of power of those affected and of an extraordinary disparity in power dynamics.

Bodies of dead leaders

During the war, the bodies of influential actors in the conflict were used for the specific purpose of indicating acts of war and shifting regimes. Samuel Doe's death and

the treatment of his body demonstrate a number of ways in which various meanings can be associated with bodies, which can be manipulated to meet the needs of those doing the manipulating. For example, after Doe was captured, he was tortured and killed over several days at the hands of a splinter rebel group in Liberia, led by Prince Johnson. The grisly endeavor was filmed and distributed widely among the Liberian population; those doing the killing captured the moment and broadcast it to address the religious beliefs of the population, which are grounded in ideas of power, life, and death, all of which are shaped by the supernatural (Ellis 2001:13). Because the body exists in both the physical and spiritual worlds, it is a particularly powerful site upon which life, death, and the supernatural merge and are understood. Doe's captors needed to prove that his supernatural powers, which he claimed and was believed to have, were not so strong as to save him from death at the hands of his enemies (Ellis 2001:14).

Various parties seeking power employed the media, and visual media in particular, frequently and skillfully throughout the war (Richards 1996:xxiii). Use of the media was especially crucial to Taylor, who filmed and distributed everything and had weekly conference calls with the BBC (Richards 1996:3). War actors' courtship of the media was a particularly blatant example of violence as a quest for recognition and an effort for political speech. In broadcasting their feats of strength, violence, and domination, governments, militaries, and rebel groups sought to secure authority and to have that authority recognized. This was true for the specific incident of Doe's torture and death, but also for the commonplace violence directed toward everyday Sierra Leoneans and Liberians.

After his death, Doe's body was rolled through the streets of Monrovia in a wheelbarrow and publically displayed over a period of days. Ellis states,

> His killers took the body to a clinic where a Nigerian doctor, a civilian who had been living in Liberia for years and ran a private medical practice, declared that he could not find any pulse. The corpse was put on display at the Island Clinic for two or three days to convince Monrovians that the dictator was really dead, and to ensure that no one would think he had miraculously flown away or disappeared. People came to see the body from curiosity, from satisfaction, or to confirm that the news of his death was not just another of the rumours swirling around the city" (2001:11).

The population was given the opportunity to see the body in person, to manipulate and desecrate it. The display of his corpse was not just a symbolic representation of the changing regime and of Johnson's power, but an extremely literal demonstration thereof. Years later, Doe was exhumed, his head separated from body, and his skull used by Johnson as a prop in political performances, before being reburied in a location geographically removed from the seat of power (Ellis 2001:26).

Verdery argues that exhumation is symbolic of a change in social priorities and values, and thus indicates transformation (1999:19). The case of Doe is an example of "parading the dead bodies of famous men [to use] their specific biographies to reevaluate the national past" (Verdery 1999:20). Doe's invincibility, the narrative he had constructed for himself during his time in power, was undermined by both the display of his body at the time of his death, and his exhumation long after. Similarly, the burial or reburial of nameless, common people has the effect of changing the visibility and role of not just individuals but social categories (Verdery 1999:20). When history is rewritten about anonymous individuals en masse, their identities are collectivized and claims pertaining to the bodies extend to the entirety of the social group. The physical location

of remains, whether of an individual such as Doe, or a group of anonymous corpses, holds significant meaning for the living. In the instance of Doe, removing his body from the location of power further distanced his influence upon ongoing political acts. The remains of the nameless are no less powerful in their capacity to establish territory and define boundaries; a common refrain in greater Serbia is that "Serbian land is where Serbian bones are," despite the fact that the vast *live* preponderance of the population of the area is Albanian (Verdery 1999:18). The bodies that can be found in the ground fundamentally shape the understanding of a location, regardless of who currently occupies the space.

Doe's death and body exist as examples of the ways in which political transformation can be symbolized in the manipulation of bodies. Within the framework of necropolitics, sovereign claims extend to the power to kill, display, and desecrate the bodies of those from whom power has been taken. The treatment of Doe's body exists as an example of all of these phenomena.

Consumption of bodies

Dead bodies were also used to catalyze fear and as vehicles of power through the threat and, possibly, reality of their consumption. While reports on the extent to which cannibalism was practiced versus the extent to which it was rumored to be practiced are unclear, a pervasive fear of cannibalism was widely reported. Rebel fighters frequently boast of having eaten human hearts for strength, and terrified victims of the war often claim to have witnessed such events (Ellis 2001:147). For example, "Charlie" was a

Sierra Leonean teenager who fought with the United Liberian Movement for Democracy (ULIMO) against the RUF in an effort to gain control of the Sierra Leone-Liberia border. Anthropologist Paul Richards interviewed him on his experiences as a 12-year-old rebel recruit. After discussing his time with the rebels more broadly, Richards asked of the rebel fighters,

> R: *What do they do with the women they capture?*
> C: They turn them into rebel women, and then they cook for the rebels.
>
> R: *Did you ever see babies that the rebel women had given birth to?*
> C: Yes. But if a woman wants to escape she must first split the baby…they cut the baby in half…she takes the head and the rebel keeps the body. Some rebels cook humans.
>
> R: *Have you ever eaten humans?*
> C: No.
>
> R: *When you were in the bush did you ever see human flesh in a pot?*
> C: No…but I heard victims crying in the bush. (Richards 1996:92)

The consumption of human flesh that occurred during the war was not simply an alteration or intensification of the traditional practice of human sacrifice, but an altogether different phenomenon that can be understood only in the setting of postcolonial West African power negotiations. In Liberia, in particular, religious beliefs link the consumption of human flesh to the transference of power from one individual to another or to a group (Ellis 2001:221). Traditionally, human sacrifice and consumption were practiced exclusively in a community setting and in highly defined rituals. Practices of the consumption of human flesh during the war were a profoundly distorted version of traditional practices in that they were highly individual and done in settings devoid of traditional structure or practice. For example, Doe was reported to drink blood and eat the

eviscerated fetuses of pregnant women to maintain his status while he was in power (Ellis 2001:25). Similarly, on the video of Doe's execution, Prince Johnson and his rebel soldiers can be seen eating pieces of the captured leader (Ellis 2001:10).

Acts of cannibalism such as those described above illustrate the argument that "the subjugation of life to the powers of death reconfigures the relationships between resistance, sacrifice, and terror" (O'Dell 2013:508). When people become expendable, humanity is erased, and bodies become vessels of power or mediums of violence, normative western ideals of sovereignty, legitimacy, and governance can no longer be applied in a way that is relevant or useful, other than to highlight that which does not exist. Instead, when examining practices such as the literal consumption of one's victims and enemies, a framework must be used that takes into account the reduction of humanity to bare, biological specimens. The message that is being conveyed in the act must be sought and the tendency to spectacularize bizarre and prolific acts of violence and war resisted in favor of finding meaning in the seemingly meaningless. The political speech that exists at the core of the consumption of human bodies is murky, complex, and multifaceted. Perhaps it involves a message about the acquisition of power or the demise of future generations of the enemy when the consumption is of a fetus. Certainly it is a threat of continued chaos and terror, as well as an assertion of political will and authority. Acts of cannibalism during the war illustrate that while the specific message in a violent act may be obscured by the nature of the act itself, the effort to locate the dissensus that is indicative of political speech may reveal an underlying logic in the madness (Hoffman 2006:8).

Dead body politics have a role to play in the reordering of a meaningful world because they are mediums through which to analyze struggles over meaning and signification (Verdery 1999:35). This can be seen in the Mano River War, during which dead bodies played a central role in the generation and management of the terror that destabilized the region and allowed for the continuation of the violent contestation of power and access to resources; similar patterns of postcolonialism, violence, and resource exploitation can be seen all over the world today. A recognition of the body as a site for the negotiation of the relationship between the manipulation of the dead and violence committed toward the living, particularly as it unfolds in postcolonial states, when applied to ongoing conflicts, has the potential to begin to make sense of phenomena that otherwise appear inexplicable. Dead body politics can also be applied to processes of reconciliation and the challenges for people and states of re-establishing and re-building a social fabric after having been wracked by war.

More broadly still, the development of an understanding of the meaning and logic behind violence and the role of the body has the potential to continue to counter arguments such as that of Robert Kaplan, who suggests that Africa is in the midst of a descent into barbarism, with the implication that this is due to the innate savagery of African people. An approach to the study of violence and dead bodies that is undertaken via the lens of the "death-driven mode of sovereignty" (Hoffman 2011:18) that characterizes postcolonial states may allow for the location of politics, meaning, and reason within events that are otherwise so brutal and senseless as to be beyond the scope of what is able to be considered.

Chapter 4: Haypatensi

There is one churn of the heart for every bullet fired;
one is presented as an echo of the other, as what is heard and
seen outside becomes internally manifest. (Henry 2015:388)

In "Violence and the Body: Somatic Expressions of Trauma and Vulnerability

During War," Henry argues that the bodies and illnesses of both perpetrators and victims

of violence in the Sierra Leone war are sites for the contestation and maintenance of

selfhood and identity. In particular, subjective traumas are mediated, processed, and

expressed through the experience of bodily illness (2015). The experience of illness is

thus central to the reestablishment of control for those whose lives were so fundamentally

disrupted by the war. Henry uses the Sierra Leonean illness *haypatensi*, or hypertension,

to explore the role of the body and of bodily illness during times of violence and in its

aftermath. He argues that "for survivors of Sierra Leone's brutal war, learning to treat

one's hypertension was an effort to come to terms with grief and losses suffered, in which

the experiences of violence and displacement could be embodied through illness"

(2015:380).

In an interview with Henry, a female former rebel captive describes her

experience of haypatensi as follows:

> The way they (the RUF) traveled with us, over hills, along roads, we really felt it;
> it was too far… they wouldn't just send us out alone; there was always a man with
> a gun watching over us, to make sure we wouldn't escape. And sometimes they
> would mark you, so that you wouldn't try to escape. They would just mark you

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"RUF," sometimes carving it with a razor across your arm or head… And the sicknesses we had there, that really wasn't easy. Lots of people died from dysentery. And 'heart problems,' too, there were lots of heart problems from worrying so much. When you worry so much, your heart doesn't sleep, it doesn't rest. And every now and then you'd hear that gun sound, and now know what you should do. You're always afraid. All that time we were in the bush, I always had fear in my heart. Even at night, when we'd lay down, I could never seem to sleep more than one hour. Always my heart was worried, always afraid of attack. Because inside your heart, that's where everything is. (2015:389)

Henry contends that "discussions of *haypatensi* allowed horrific subjective experiences to become mediated, enabling conflict survivors to understand and express the pain of their trauma and vulnerability, and begin recourse toward reestablishing order and control over their lives" (2006:379). The translation of trauma into a nameable, treatable ailment transformed the suffering into a tangible condition to be addressed.

While always important, the role of the physical body becomes increasingly central in times of war, during which bodily integrity can no longer be taken for granted. During the war, combatants used violence and the body as a means of control in the form of terror through the extreme and symbolic violence of amputations, the display of severed heads, rape, mutilation, and cannibalism. While establishing a mechanism for processing the trauma and reasserting control over their lives was critical for all who suffered from the wartime violence, Henry argues that for the displaced, the body was especially important as a tool to come to terms with the violence and their resultant marginalization and as a site of the attempt to move past violence. This was the case both for the haypatensi described here and the *njombo-bla* attacks, or sleep paralysis, discussed in the following chapter, that was experienced in camps for the internally displaced.

Of those building lives in times and places characterized by violence, Carolyn Nordstrom states, "Identity, self, and personhood, as well as physical bodies, are strategic targets of war" (1998:105). The Sierra Leonean physical body became a site of challenge for the construction of meaning and narrative, as well as a clinical testing ground for the implementation of medical models for biomedical practitioners working in the region (Henry 2015). While the concept of "haypatensi" stems from the biomedical condition of hypertension, in Sierra Leone, the meaning of the term has taken on a localized meaning. Unlike hypertension in biomedicine, haypatensi is not a genetic, silent killer without symptoms. Instead, the Mende manifestation of haypatensi involves recognizable symptoms and environmental cues, as well as the active role of the sufferer in diagnosis and treatment (Henry 2015). Heart problems previously known as "spoiled heart," "heart cramps," or "heart pain" increased significantly with the violence and fear associated with the war; it was only during the war that the condition came to be referred to as the broad, Mendecized syndrome "haypatensi" (Henry 2015). Sufferers of haypatensi engaged with treatment of their condition on multiple levels simultaneously: while local pharmacies were unable to keep western beta-blockers in stock, it was also widely recognized that the cure for the condition was to be found only in the alleviation of the wartime stressors that brought about its onset (Henry 2015).

The embodiment of violence as a means for processing trauma can be seen in an analysis of haypatensi that directly parallels that of Nancy Scheper-Hughes's discussion of *nervos* in Brazil. In *Death Without Weeping*, Scheper-Hughes (1992) addresses the embodiment of violence as it is manifested in the condition of *nervos*, a nervous hunger

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characterized by a range of debilitating symptoms, that was felt by residents of the hillside shantytown of Alto do Cruzeiros. An "expansive and polysemic folk syndrome," *nervos* is largely a response to the lack of food and perpetual hunger of the rural poor (Scheper-Hughes 1992:169). Scheper-Hughes questions how people come to understand their basic, non-medical needs as medical in nature, contending that medical treatment for a non-medical issue is inappropriate and harmful on multiple levels, for it serves a much broader and more troublesome purpose than a straightforward treatment of the symptoms with the objective of cure.

Those who suffer from *nervos* claim that it has a number of origins, including fright, grief, or overwork of inhabitants in the sugarcane plantations and processing plants (Scheper-Hughes 1992). The condition manifests in a multitude of way that are often characterized by some form of weakness or incapacitation, frequently a paralysis of the legs, blindness, seizures, or the tendency to faint while working in the cane. From Scheper-Hughes's etic perspective as an anthropologist and a health care provider, one obvious component of the etiology was the crippling and chronic hunger experienced by many on the Alto, and yet those who suffered the condition drew an ambiguous but firm distinction between *nervos* and hunger (1992). She questions how people come to identify themselves first as nervous and only secondarily as hungry, how the exploited understand themselves as weak, and how being starving and worked halfway to death becomes a condition addressed with tonics, sugar injections, and vitamins, rather than a challenge to – or at least recognition of - the structure that allows for power and

socioeconomic imbalances to become so extraordinarily distorted and debilitating for the region's poor.

Scheper-Hughes (1992) contests assertions that *nervos* is a delirium that diminishes one's capacity, instead arguing that it must be understood as an alternative form of embodiment. Embodiment, she states, "concerns the ways that people come to 'inhabit' their bodies so that these become in every sense of the term 'habituated'" (1992:184). This habituation is markedly different for those who live lives defined by manual labor than it is for the rich, and importantly, for the agents behind biomedicine. She argues that "the structure of the individual and collective sentiments down to the feel of one's own body is a function of one's position and role in the technical and productive order" (Scheper-Hughes 1992:185). *Nervos* must therefore be understood as a physical, metaphorical, and symbolic condition that is simultaneously indicative of hunger weakness and of issues of social structure, in which weakness of one's legs and the inability to stand or walk point to the sufferer *and his community* being trapped in a weakened existence within the broader sociopolitical and economic system. Here occurs "an exchange of meanings between the personal and the social body" (Scheper-Hughes 1992:186).

It is evident that the condition of *nervos* is not limited to a simple and direct manifestation of hunger. To theorize her findings, Scheper-Hughes reinterprets Taussig's concept of the "nervous system" as one that links together the three bodies: "the existential body self, the representational social body, and the body politic, all of them 'nervous'" (1992:170). While one component of *nervos* is surrender and defeat of the

worker by the system, it is also a mockery and refusal by the worker to engage in the system. It is a form of resistance and a refusal of the poor to accept their fate at the mercy of the social and labor regimes of the sugarcane plantations. The manual laborer who can no longer cut cane often remains able to do less physically demanding jobs. To be openly vocal in resistance to those in power in rural Brazil would be extraordinarily dangerous, if not impossible, while to remain silent would be intolerable, a passive acceptance of a deeply unacceptable state of existence. The embodiment of *nervos* is a quiet but effective means of publicizing one's anger, fear, and hunger (Scheper-Hughes 1992).

In his markedly similar analysis of *haypatensi*, Henry states, "a spoiled heart is considered spoiled in the sense that it has been torn apart by a tremendous amount of worry, suffering, or sadness. One local healer named Moriba described it, 'You can't sleep; you remember too much. Because you know it's the heart that distributes blood…so the spoiled heart spreads through your whole body'" (2015:388). As such, heart pain is emotional, the nearly inevitable result of the profound anxiety and loss that was experienced during the war. In times of everyday violence, such as those described by Scheper-Hughes, as in times of acute violence, like the Mano River War, the body is a site onto which one inscribes one's own reality and meaning, and in doing so, claims authority over the body itself. As such, the bodies of those suffering from *haypatensi* directly reflected their familial, social, and political environs in light of meanings ascribed by themselves and those ascribed by others. Henry states, "War attempts to take from people ways in which they recognize themselves as human. When separated from its previous context of place and history, the body, as the 'existential group' of culture,

becomes the referent on which new classifications are created and contested" (2006:380). In cases like that of *haypatensi*, physical illness becomes a cultural narrative that allows for the processes of extraordinary trauma.

The inscription of meaning on the body, when undertaken by an outside actor, has the potential to change personal bodies into political objects, divorcing them of their histories, families, and culture. The individual body becomes symbolic of structural violence and oppression as attacks on the body become attacks on Sierra Leonean values, norms, and institutions. This act of the subversion of the meaning of one's physical body has the effect of replacing selfhood and humanity with competing political, social, and gender ideologies that constitute violations and denigrations of selfhood and humanity (Henry 2015). Henry states:

> Severed hands, ears, and limbs became testaments to attempts to remove the self from self-conceptions, separating people from their previous experiences of living in their bodies. The boy who had the rebel acronym RUF seared into a permanent scar across his chest, the girl who became pregnant from a soldier rape, and others became walking examples of deliberate attempts to violate the body's personal intimacy, challenging the personal control of the self with a narration by the body politic. (2015:386)

In the case of *haypatensi*, illness came to represent war and all of its losses. As was the case with Catarina in *Vita* (Biehl 2013), *haypatensi* was widely recognized as a congruence of the personal and the social, in which the social manifested upon the individual body and could be adequately addressed only with a cure drawn from both the personal and political spheres of life (Henry 2015). As such, the treatment of *haypatensi* with Inderal, a beta-blocker, whilst acknowledging that peace was the only cure of their condition was a rational response to the population's pain. Just as the violence of

wartime was simultaneously collectively experienced and individually manifest, so was

illness and cure. This reflection of the social in the individual is seen in the degree to

which the experience of *haypatensi* mirrors the experience of falling under rebel attack.

Henry describes the onset of *haypatensi* as follows:

> Especially during an outbreak of dramatic violence, haypatensi could 'attack' the body much as a rebel force could attack a village; the heart could begin to beat heavily or quickly, to burn and cramp, or simply to hurt… An older man, Mohammed, described its onset in the same kind of language people used to describe war:
>> "It attacks you like asthma; you can really hear it in your chest – 'fwoh, fwoh, fwoh' … especially when you hear those guns and RPGs explode… like these past few days of fighting here in town, when they shoot their guns – that KPOW! KPOW! KPOW! Sound, and then you begin to feel it. At times you can experience a blackout; it's like it covers your face and you can't see anything." (Henry 2015:388)

In an attack of *haypatensi*, one's heartbeats echo gunshots, and gunshots echo heartbeats.

The extent to which the body was not just an object bears emphasizing. The

bodies of victims of the war and sufferers of *haypatensi* existed not as passive recipients

of violence, but as articulations with violence, as key components in the creation of a

space for transformative action in which identity, meaning, and cure were processed and

negotiated. This transformative space allowed for illness beliefs to become coping

mechanisms central to the ways in which the population engaged with the trauma of war.

As such, the illness experience became an alternative to violence and fear. Henry states,

"the manifestation of hypertension allows an expression of grief and loss and a socially

valid recourse to reestablishing order and personal control" (2015:392).

While the agency of those suffering from *haypatensi* and engaging in the

treatment of their condition was evident throughout the course of Henry's fieldwork,

those dealing with their own experiences of *haypatensi* were but one of multiple actors

attempting to exert control over the individual bodies of those afflicted. Henry states,

"With both internal and external orientations, the body is also a social object, a locus for

contested control, and a target to be edited and narrated by others" (2015:380). For

example, medical practitioners recognized *haypatensi* but attributed it not to the war but

to dietary problems associated with the consumption by the local population of food aid

to which their bodies were unaccustomed (Henry 2015). This particular diagnosis of

hypertensions allowed for an assertion of the practitioner over the body of the suffering,

assigning a medical cause - improper nutrition – to the condition and minimizing the

sufferers' personal experience, "in effect mystifying the social components of the war,

loss, and displacement, and placing the sickness entirely inside the individual" (Henry

2015:390).

Henry's analysis of the articulation of the hegemony of biomedicine with the

experience of *haypatensi* parallels Scheper-Hughes understanding of the interaction of

Western medicine with the condition of *nervos* in Brazil. Once a comprehensive

understanding of the many individual and societal factors that contribute to *nervos* has

been developed, it becomes clear that the labeling of the ailment as 'sickness' transforms

the condition into a neutral concept for which no one can be held responsible (Scheper-

Hughes 1992). The framing of hunger as sickness is therefore a neutralizing act for a

condition which is, in reality, inherently political and charged, stemming from inequality,

the inability to meet basic needs, and an overwhelming failure of the state. It divorces the

mind from the body and hides the deeply problematic social dynamics that underlie the

condition. The collective suffering and abuse of the people is made personal and psychological (Scheper-Hughes 1992). This concept also characterizes the life of Catarina in Biehl's *Vita* (2013). No one is blamed for the underlying, causative conditions, hunger can be denied, and the discourse is shifted from a radical one on hunger to an individual one on sickness, including mental illness, thereby clouding the role of the state in the misery and oppression of the people. The shift from *nervos* as hunger to *nervos* as illness relocates the desire and perceived needs of the people onto biomedicine, to which they have access, and away from food, to which they do not. The medical treatment of *nervos* functions to contain it as a medical problem, ensuring that no other voice or broader implication of the condition can be heard.

Similarly, the biomedical explanation of *haypatensi* as a nutritional disorder exists in direct contrast to the experience and explanation of the condition put forth by those living with it, who recognized the stressors of the war at the core of their suffering. Henry (2015) argues that attempts to coopt local meanings by medical professionals constitute another level of violence, an effort to reorder the worlds of the afflicted by a schema different than their own. These discussions on the meaning of illness reveal the multiple, contested, and fluid links between traumatic experiences and their cultural representations.

In a similar analysis, Scheper-Hughes argues that one form of resistance to the dire status quo is that, as a form of protest, however oblique, the embodiment of *nervos* has the potential to be a critique and a force for change (Scheper-Hughes 1992). In choosing to silence and medicate the condition, the potential for change is ignored and

the understanding of *nervos* as something other that what it is – the manifestation of hunger and injustice – is reinforced. In the instance of *haypatensi*, dual forms of treatment for the condition exist: those that seek to medicalize and neutralize the suffering, and those that recognize the true cause of the pain and seek to alleviate the physical and emotional strife that are at its core. This serves as an example of the potential that the body and medicine, when liberally defined and manifested, have to effect change, as described by Scheper-Hughes in her discussion of everyday violence and human suffering in Brazil. Partly grounded in the tenets of liberation theology, Scheper-Hughes (1992) argues that medicine can serve as a point for critical reflection and practice. She argues for medicine to be constructed from hope and established as a realm in which new ways of addressing suffering can be worked though, in something akin to liberation medicine (1992). While Henry (2015) does not use the same language, he does emphasize a similar occurrence in his analysis of the transformative role of haypatensi and its treatment.

Scheper-Hughes claims, "*Nervos* is a social illness. It speaks to ruptures, fault lines, and glaring social contradictions in Nordestino society. It is a commentary on the precarious conditions of Alto life" (1992:94). *Haypatensi* exists as a similar commentary on the traumatic conditions of life during the Sierra Leonean conflict.

Chapter 5: Njombo-bla Attacks

One particularly well-defined example of the embodiment of violence that occurred during the Mano River War is the case of *njombo-bla* attacks, or nighttime sleep paralysis, as experienced by women residing in camps for the internally displaced and reported to Doug Henry (2015) during his extensive fieldwork in the region. *Njombo-bla*, which translates in the local language of Mende to "splitting the pubic hairs" (Henry 2015:243), refers to the phenomenon of attacks that involve the attempted nighttime rape of displaced women by witch spirits. These attacks were characterized by the debilitating sleep paralysis of the female victim, in which she awoke, sensed a nebulous presence near or above her, and then found herself entirely unable to move or scream as the presence attempted to force sexual intercourse on her (Henry 2015). Once the victim's voice was regained she could scream, which, aligned with West African cosmology, would enable the witch spirit to change form, often to that of a dog, and then flee into the night (Henry 2015:243). One woman would experience the initial attack; when finally able to scream she would do so, waking the rest of the camp. The attacks frequently rippled outward, echoed by additional women as they awoke to screams in the night, causing the fear to spread further. Upon awakening, women and children huddled together in public spaces for protection, while men would attempt to chase the witch spirit away.

One woman's account of her personal experience of a *njombo-bla* attack, as recounted to Henry, bears quoting at length as it conveys both the individual terror and the collective, gendered ramifications of the attacks. She states:

> I was sleeping, it was as if I was in a deep sleep, when I saw a huge man at the side of the bed – at first lying on my right hand side, and then suddenly he was standing. He came closer to me, and I said, "Who are you?" As soon as I asked this, he turned into a dog, which then jumped forward as if to have sex with me; it started fighting with me, and so I started to shout! Then my workmate Sally woke up and said, "What's happening, what's wrong?" and I shouted, "Here is this dog, trying to rape me!" As soon as I said that, the thing disappeared. I got up out of bed, and ran outside, and all the women in the other room also went out. I was afraid that no one would believe me, because I alone had seen that man… Sally never even saw the dog. But as soon as we all went out, we heard another girl shouting, in a house close by. That girl had been sleeping with her husband, but then started shouting, "Leave me! Leave me!"
>
> Then the men announced, "All the women should come out of their houses at once!" and we did, and sat on the verandahs with some of the boys. The men went off, some of them were Kamajohs, and started looking for the njombo-bla… So all of us were just sitting there, *some of us were able to get back to sleep*, but we were all afraid. Then suddenly I saw a HUGE something, high and big, and kind of coming towards us. So then all of us began shouting, and when we did, it bent down and took a hold of me like this… It hit me on my leg here and here. Other women saw it, too. The men heard the shouts, came back and the thing started away. The men pointed a flashlight at it, and it turned into a cat, and then a dog, and ran away. But it was strange – only we women saw it; the men couldn't see it, and they couldn't catch it. It was only later, after we came back the next week, that we heard that they caught a man at the place there… the Kamajohs caught him. (2015:247)

Her story highlights the way in which an individual traumatic event, the initial attack, quickly lead to an expansive collective terror that spread throughout the camp community. As in Joao Biehl's *Vita* (2013), the individual female body existed as a manifestation of collective social disharmony and suffering at the same time that the collective distress intensified due to the pain of the individual body. Both the individual and collective body reflect the anxieties and tensions that characterize wartime

interaction. The narrative surrounding the *njombo-bla* attacks was filtered through both the personal experience of the victim and Mende cosmology. Widespread recognition and discourse on the events lead to increased individual and collective anxiety, which in turn lead to more episodes of paralysis.

Henry attempts to explain the attacks through several different frameworks. The first is the concept of sleep paralysis itself. Ethnographies of other regions have found that remarkably similar experiences of nighttime sleep paralysis are associated with heightened levels of social stress and trauma (Hinton, Pich, Chhean, & Pollack 2005; Paradis & Friedman 2005). Henry argues that in this instance, biology and religion intersect to make meaning and create a "social model of discourse about wartime events" (Henry 2015:244). The *njombo-bla* attacks are a collective distress idiom that results from an increase in violence and vulnerability during war, culminating in the inscription of social, economic, and gendered tensions upon both the individual and collective female body (Henry 2015).

Women were particularly marginalized and vulnerable during the war for a number of reasons, including fear of sexual slavery and rape, the lack of the protective status of being a Kamajoh, which was available only to men, and the economic strain associated with the disruption of normal familial, social, and economic arrangements, which resulted in heightened moral tension for women (Henry 2015). It is therefore of particular significance that only women, for whom traditionally established means of speaking were violently curtailed during wartime, experienced the attacks. Jita, a young

woman from an IDP camp in which *njombo-bla* attacks were experienced, described the

strain under which she lived as follows:

> Before the war, you had a husband, or a close man, and the two of you could work towards a bright future. You worked together – in business, on the farm, you were together, and women didn't suffer too much. But now, during the war, they've killed a lot of men. So a woman may be left with 2, 3, 4 children, but the rebels have killed your husband. So now she has to try very hard to raise the children. Like you see women doing now in the camp – they have to get up very early in the morning, go into the forest, cut trees, and carry the firewood all the way to town to get money for food, and then come back and feed the children. So in all this, if she meets a man who wants to help her, will she sleep with him? Of course! (Henry 2015:253)

The *njombo-bla* attacks existed as a manifestation of these gendered social and

moral tensions and functioned as means of release of accumulated angst. According to

Henry, "it would not be unexpected for women to manifest experiences that function as

'distress idioms' that allow the self to 'speak' unspeakable things during times of violent

unrest" (2015:253). The physical body of the woman served as a medium through which

to voice the trauma experienced during the war. Those with a traumatic history were

more vulnerable to *njombo-bla* attacks, as were those who feared the attacks. Henry

describes an "escalating spiral of anxiety" (2015:251) in which PTSD from both the war

and from previous njombo-bla attacks caused further episodes of paralysis and terror.

This is a parallel embodiment of violence to that described by Scheper-Hughes in *Death*

Without Weeping (1992), elaborated upon in the discussion of *haypatensi*, in which

nervos was frequently experienced by those experiencing acute and chronic violence and

served as both a means of resistance and an expression of distress that would be silenced

in any other articulation. As with *nervos*, *njombo-bla* attacks were simultaneously an

expression of profound individual and societal tension, and means of articulating resistance during unstable, violent times.

The work of Carolyn Nordstrom (1995) on "grotesques" provides another explanatory framework. Nordstrom argues that during times of intense violence, social institutions and boundaries become distorted versions, or grotesques, of their previous manifestations. Henry contends that the *njombo-bla* attacks, when interpreted through this framework, are the result of the dramatic intensification of social tension that occurred during the war (2015). The distorting effect of the violence can be seen in several ways, but is most evident in the manifestation of witchcraft beliefs as they occurred in the attacks. The *njombo-bla* attacks existed as a marked break from the traditional role of witchcraft in the region, which tended to focus upon minor interpersonal grievances. In contrast, *njombo-bla* attacks were profoundly terrifying in nature.

The act of shape-shifting is characteristic of Mende cosmology and held an increasingly central role in the Sierra Leonean worldview during the war. Throughout the conflict, rebel behavior mirrored that of malevolent spirits within Mende cosmology, to the extent that it was thought to have developed through arrangements with the supernatural (Henry 2015). Whereas traditionally shape-shifting might occur from human to animal as a means of addressing an insignificant conflict, often in the form of a prank or relatively petty retaliation, the shape-shifting that occurred during the war, both among the supernatural and the natural, was darkly fluid and far more malevolent. Rebels shifted stealthily from their identity as rebels, known and feared for the enactment of profoundly

violent acts, to soldiers, often equally feared, to civilians who could not be differentiated from neighbors. The unfixed nature of the roles held by various actors during the war meant that one individual frequently fulfilled a multitude of identities that were subject to change with neither warning nor announcement. In the same way that witches could become animals, soldiers became rebels who became witches who became neighbors. Like witches, rebel and soldiers were able to hide by the roadside, concealing their bodies and identities, ambushing unsuspecting victims and paralyzing them with terror. The hidden nature of the dangerous element of the war compounded the deeply held fear that characterized the population and left residents without a concrete, knowable object at which to direct their fear, creating an atmosphere of terror that expanded into all areas of life.

African witchcraft is generally understood as an attempt to make sense of and give order to chaos, misfortune, and rapid change; it is often used as a tool through which populations can address existing power dynamics, particularly those that are going through periods of rapid change (Henry 2015). Witchcraft stories are a "discourse about action and the urgent necessity to handle the dangerous but hidden forces" that are associated with changed, modernity, and the accumulation of wealth (Ciekawy and Geschiere 1998:3). Peter Geschiere (1998), in his work on witchcraft in Africa and East Asia, argues that the remarkable increase in the role of witchcraft in both local and academic discourse is directly related to rapid change associated with globalization; witchcraft, he states, exists at the nexus of global flows and fixed identities, and has come to prominence in recent decades for its capacity to make sense of both (1998:811).

Witchcraft beliefs and stories are one medium through which to locate global, rapid flows in the traditional and local, and in doing so clarify changing identities. Because globalization and fluidity are often characterized by the accumulation of wealth and technology, witches are often associated with the same. It is thus not surprising that the rapid changes and ongoing social fluctuations of wartime resulted in similar patterns of experiences and beliefs.

Furthermore, stories and accusations of witchcraft are particularly potent because they highlight greed and aggression that exists within family of community groups, which should be structured by trust and closeness (Ciekawy and Geschiere 1998). While Ciewaky and Geschiere (1998:5) describe this fracturing as occurring primarily within intimate groups, primarily families, accusations of witchcraft within larger groups, such as the community as a whole, may epitomize the same divisiveness and jealousy on a broader scale. Witchcraft beliefs are shaped by the idea that the enemy is within; this is fundamentally frightening and destabilizing because it undermines trust and social bonds (Geschiere 1998). Because of the inseparability of witchcraft with uncertainty, witchcraft is a naturally well-aligned explanatory model for wartime distress. That said, while religion is frequently conceived of as a mechanism for understanding chaos, rapid change, and uncertainty, Henry emphasizes the importance of recognizing religious acts and experiences, including the *njombo-bla* attacks, as part of reality, not simply an expression of other phenomena or relations (2015). The experience and its ramifications were profoundly real, with major impacts on victims and the communities in which they lived. Nonetheless, throughout the literature sleep paralysis is almost always explained

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via a religious framework. Religious belief systems are frequently placed in the context of postcolonial West Africa and its associated economic structures, conflict, gender roles, and the distribution of wealth and power; here again, Henry (2015) warns against reducing religion to idiom and overlooking the very tangible place that religion occupies in the social reality.

Mende cosmology involves spiritual forces that prey on the vulnerable, often at night. Refugees, women, and children are particularly susceptible, as refugees are exposed at night without solid houses, and a lack of food compromises health and the strength to resist attack (Henry 2015). The poor health of the displaced can also result in anemia or seizures, which may lead to or be associated with the attack of a malevolent spirit. During times of peace, jealousy and greed are central factors in the motivation of witch attacks. While the nature of the attack changed during war, from the petty to the violent and terrifying, jealousy and greed remained causative. Those who experienced the attacks believed they were directly related to ethnically based jealousy in the wake of the ascension to power of the Mende militia, the Kamajohs (Henry 2015). The Kamajohs were former guides to the military, who the president of Sierra Leone transitioned into the role of a civilian militia. Loyal to the government but autonomous and frequently in competition with military, the Kamajohs are associated with a traditional Mende society of magical and powerful hunters (Henry 2015). During the war the powers ascribed to the Kamajohs changed from those of hunting prowess to the ability to deflect bullets and redirect them to their sources and to divert grenades. Initiation of male Mende into the Kamajoh movement increased exponentially during the war, which upset the preexisting

balance of power in the region (Henry 2015). One popularly held conception was that the

Kamajoh rise to power would correspond with the establishment of a Mende state or

attempt thereof. The initial incidents of *njombo-bla* attacks coincided with the Kamajoh

arrival in the region where the IDP camps that Henry studied were located. The

newfound wartime manifestation of the Kamajoh, as well as their dramatic increase in

numbers lead to an increase in the tension surrounding the shifting balance of power. The

attacks were, Henry (2015) argues, sociopolitical at the same time that they were deeply

personal and both individually and collectively traumatic. Local consensus maintained

that power and ethnic jealousy were at the core of the attacks. Sleep paralysis is thus

understood as the interaction of religious beliefs with the consequences of the war.

The example of the *pishtaco* of highland Peru is relevant to an understanding of

the *njombo-bla* attacks, for both phenomena directly reflect the social conditions within

which the occur, which are characterized by fear, instability, and power imbalances, in

remarkably similar ways. The *pishtaco* is a character in the folklore of the indigenous

people of Andean Peru that sheds light on cultural patterning, value systems, and social

conflict (Oliver-Smith 1969). The role of the *pishtaco* is said to be that of a nighttime

murderer of Indians for the purpose of harvesting their fat, or *unto*, which is incredibly

valuable on national and international markets and is said to be sold to technologically

advanced industries, including that of the U.S. space program, for use in their machines,

as well as to pharmacies for medicinal use (Oliver-Smith 1969; Gose 1986). The 400-

year-old belief in the *pishtaco* is derived from colonial practices that involved the

collection of *unto* to heal wounds and cure disease; while the collection of human fat has

not been practiced in centuries, the power imbalances that characterized the social

relationship of the Spanish colonizers to the indigenous residents of the Andes remains

visible in the dynamic between the white or mestizo and indigenous populations of

highland Peru (Oliver-Smith 1969). The *pishtaco* is described as a rich man, always

white or mestizo, who rides a horse or drives a car and carries a machete while searching

in the night for victims.

Oliver-Smith (1969) describes the *pishtaco* as fulfilling a role that attempts to deal

with power shifts by those with minimal access to resources, including medicine and

education. At the same time that the *pishtaco* exists as a manifestation of the inherent

tension of the social relationship of the impoverished indigenous peasant to the powerful

white man, the tale of the *pishtaco* also maintains social distance between the groups.

Fear and distrust are reinforced every time that a *pishtaco* tale is told. This aligns with the

experience of the *njombo-bla* attacks; each time women are attacked and a Kamajoh is

determined to be the attacker and subsequently arrested or killed, the tension and fear

between social groups is emphasized and rigidified.

A second parallel function between the *pishtacos* and the *njombo-bla* attacks

pertains to function of the phenomena within social conflict. Oliver-Smith states,

"Conflict is an essential feature of folktales in all societies, but when the characters of the

tales are oversimplified and represent sharply opposing values, as in the case of the

pishtaco tradition, it is usually symptomatic of sharp internal conflict within the society"

(1969:365). Similarly, the opposing values of the witches who perpetrate the *njombo-bla*

attacks, those of antisociability and a high level of technological advancement, exist in

direct opposition to a culture that is characterized by close family and community ties. Both the *pishtaco* and the *njombo-bla* attacks exist as projections of social stress into religion or folklore, albeit in a way that is very real and acutely felt, in contexts in which there is no other acceptable outlet. The indigenous Peruvian "may curse the *pishtaco*, but not the mestizo" (Oliver-Smith 1969:366), whereas in the case of the *njombo-bla*, the attack creates a legitimate outlet for the persecution of the Kamajohs that would not exist without it. Importantly, that the *pishtaco* or the *njombo-bla* serve this function does not meant that they are not real and deeply traumatic to those experiencing them. What it does mean is that in highland Peru, social resistance is perpetuated, and in Sierra Leone, institutionalized fear and displaced aggression translate into intensified violence.

One counterintuitive characteristic of the *njombo-bla* attacks and of distress idioms more broadly is while they can be approached through a framework similar to that of *haypatensi*, in which traumatic experiences are understood and mediated through the embodiment of violence, allowing victims and survivors to articulate their pain and vulnerability and begin to move beyond it as they regain control over their lives and reestablish personal and collective narratives, the distress idiom is neither an exclusively positive experience, nor one that lacks a victim. Distress idioms do not always diminish suffering, as anthropologists have tended to argue within a functionalist framework (Hollan 2004). Rather, such idioms may have the potential to intensify suffering and lead to the creation of new violent actors (Henry 2015). *Njombo-bla* attacks were notable for the fact that they frequently resulted in the search for, scapegoating of, and killing of Kamajohs after they were taken into custody, before reaching trial (Henry 2015). The

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attacks illustrate the way in which distress idioms have the potential to both make suffering more manageable and to create more violent actors, who in turn create more suffering. Das, Kleinman, Ramphele, and Reynolds (2000), as well as Bourgois (2001), suggest that "those who witness violence can themselves become subjects, even agents of violence, as the act or witnessing (and I would add, 'testifying') becomes part of the experience of subjugation" (Henry 2015:255); the distress idiom is not always a diffusing phenomenon. Instead, the *njombo-bla* attacks clearly show how the body is a site upon which suffering is manifest, managed, reproduced, and transformed in actor and form.

Chapter 6: Relevance to the Ebola Outbreak

     The question becomes: why does it matter? Understanding the embodiment of violence or the manipulation of the body for the means of violence does not inherently mitigate violence nor diminish suffering. The analysis of the articulation of violence and the body begins to reach its potential only when it begins to fulfill the moral responsibility that the researcher has to the researched; it is only adequate when the research begins to contribute to the wellbeing of those upon whom the work is based, however complicated and subjective that designation may be.

     My commitment to this project began during a AAA workshop that transpired during the peak of the Ebola outbreak and was held because scholars of anthropology recognized that the international response to the crisis was proving to be wildly inadequate, and that anthropologists, who had largely remained silent on the topic during the early months of the crisis, had a perspective to bring to the debate that could be directly beneficial to those who were suffering and dying in extraordinary numbers. It was argued that the anthropologists, whose discipline is founded upon the study of groups such as those who were suffering intensely from the outbreak, had the moral obligation to offer all that they could to addressing the problem and minimizing devastation. Many ideas were generated, including potential ways to address burial practices, the importance of understanding the consequences of pouring funding and infrastructure into a region with a history of conflict over the control of resources, and the need to understand the

region's history in order to provide effective care. The individual and collective bodies of the population emerged as links between past and present tragedies, both of which were marked by devastating suffering and loss.

Upon undertaking this project I hoped to demonstrate that the violence of the Mano River War, as it was inflicted upon the body and manifested in the body, influenced the ways in which Sierra Leoneans and Liberians experienced the Ebola outbreak, particularly with respect to their reaction to the international humanitarian response. In his analysis of *haypatensi* and *njombo-bla* attacks, Doug Henry (2006, 2015) describes the contested nature of the body and illness that occurs during times of political violence. The data available on the Ebola outbreak suggests that the same stressors that lead to *njombo-bla* attacks and *haypatensi* exist in the setting of the Ebola outbreak, and that the same contested nature of the body is present during times of "violent" humanitarian response as it is in times of war and displacement. While the research I have completed thus far indicates that this is the case, the paucity of data currently available made it impossible to determine the extent to which this was accurate without undertaking fieldwork, which was outside the scope of this project. Instead, I will use the case of the Ebola outbreak as but one example of the ways in which an understanding of the articulation of violence and the body may be beneficial to social scientists, humanitarians, and health care providers alike. An increased awareness of this connection has the potential to shape the nature of the humanitarian response. The development of a thorough understanding of the histories and bodies of those who have suffered violent

trauma in the past and continue to experience it in the present is imperative to maximize the benefit that can come from appropriate, sensitive, and efficient humanitarian action.

HISTORY IN BRIEF

Approximately a decade after the official end of the war, the Ebola virus outbreak began in West Africa. It is believed to have begun in Guinea in December of 2013, though Guinea's Ministry of Health and Public Hygiene did not report it to the World Health Organization (WHO) until March 21, 2014 (Benton & Dionne 2015). By March, cases had been reported in Liberia, and by May, the virus had reached Sierra Leone (Benton & Dionne 2015). The virus then spread rapidly within these three countries, which remain the most severely affected, and beyond their borders to other countries in the region and around the world. The 2014 outbreak was the most widespread and deadly since the discovery of the disease in 1976 and resulted in more cases and deaths than all previous Ebola outbreaks combined (WHOb 2016). At the time of the completion of this research, during the spring of 2016, the WHO estimates that there have been approximately 28,000 cases of Ebola in West Africa which have resulted in close to 12,000 deaths, though it is suggested by both the WHO and social scientists working in the region that underreporting has led to a gross underrepresentation of the actual statistics on morbidity and mortality (WHO 2015; Batty 2014).

The extent of the epidemic can be attributed to many causes, including those that fueled the outbreak and those that delayed the response. Both are of critical importance to the rebuilding of the health system and future humanitarian endeavors, as well as to

beginning the recovery of a deeply damaged region. A number of factors allowed the

virus to rapidly spread, including but not limited to profound poverty, structural violence,

corrupt governance, and inadequate healthcare infrastructure, all closely linked to the

region's colonial history. The global response was also uncoordinated, delayed, and

frequently met with resistance. The compounded effect of these conditions was that the

virus remained uncontained for far longer than it potentially could have been.

The Ebola outbreak resulted in extraordinary devastation and loss of life, and

further crippled a population that had yet to recover from a recent and prolonged history

of civil war. Within both mainstream media and the discourse of international aid, the

severity of the outbreak was implicitly and explicitly attributed to cultural practices and

beliefs that exacerbated transmission of the virus and undermined the efforts of the

international community to contain it. An approach to understanding and attempting to

address the disease that defaults to either pure biomedicine, without considering

contributing social and historical factors, or to the assignation of blame to some ingrained

cultural failure, in this case an implied backwardness of those affected, fails to approach

the epidemic from a perspective that is sufficiently broad to generate an effective

response. As Schoepf (1991) recommends based on his work in Africa on HIV/AIDS,

epidemics should be analyzed as social phenomena, with an ongoing consideration of the

importance of the relationship between political economy and culture, rather than

uncritically assuming that epidemics are the result of the failure of individual,

institutional, or cultural practices. It is only when approached through multiple lenses

simultaneously – those of political economy, history, and religion, among many others –

that a comprehensive understanding of rapidly developing medical emergencies can be developed.

The "geographically broad and historically deep" (Farmer 2006:*xiii*) forces that shaped the Ebola epidemic include slavery, colonialism, structural adjustment policies, civil war in the region, and post-war foreign aid dependency (Benton & Dionne 2015:2). Much scholarship has been and continues to be published on these topics. While the aforementioned forces are inextricably intertwined and inseparable in their origins and effects, this research focuses on the consequences of the more than decade-long conflict that crippled Sierra Leone and Liberia on the Ebola outbreak, and on the population's reaction to the international humanitarian response.

Unsurprisingly, the core of the outbreak occurred at the geographical center of the conflict that wracked the region during the 1990s and early 2000s (Benton & Dionne 2015). Massive epidemics are most likely to unfold in areas where violent conflicts and state marginalization have led to weakened economies and an associated corrosion of the health sector (Bausch & Schwarz 2014). During the war in Sierra Leone and Liberia, health facilities were destroyed or neglected (Kruk et al 2010; Hodges et al 2011); health care training was severely curtailed; and many health care practitioners fled (Challoner & Forget 2011). This deterioration of the health care system, when taken in conjunction with a peace that remains tenuous, a minimally developed economy, and a dependence on foreign aid, left the countries profoundly ill-prepared to address the Ebola outbreak.

The historical context and institutional weaknesses that resulted from the war and that intensified the magnitude of the Ebola outbreak have been analyzed elsewhere; what

has been less studied is the manner and extent to which the physical body was a site for the manifestation of violence during the war and the consequences that the articulation of violence and the body may have then had in the context the Ebola outbreak. Further research is required to examine the implications of the war on the body, as it occurred in both the embodiment of violence at the individual and collective level and in the use of the body as a site for the contestation of power through violence, for the population's reaction to the international humanitarian response to the epidemic.

In many ways, the treatment of West African bodies by well-intentioned humanitarian workers during the Ebola response mirrored the treatment of bodies by perpetrators of violence during the civil war. In an effort to stop the spread of the virus, people who were suspected of being infected were swept up off of the street and out of clinics by foreign medical teams and were then "disappeared" to dedicated Ebola treatment units (ETUs) where they were placed in isolation, often without family members being notified of their condition or location. Because burial practices are considered among the primary causes of the rapid spread of Ebola, when the disappeared patients died, as they did in large numbers, their bodies were frequently cremated immediately after death, without relatives having the opportunity to see the corpses of their dead or to conduct traditional funeral practices. Cremation was undertaken in an attempt to eliminate the transmission of the virus through the bodily fluids of the deceased since the primary mode of transmission is through contact with the bodily fluids of a carrier of the virus. The practice of cremation, even as it minimized the likelihood that the epidemic would spread further, had the unintended effect of paralleling the

frightening disappearances that tore families and communities apart during the war. This may be one reason that the medical response effort was met with such pervasive, and seemingly inexplicable, resistance from the population.

An understanding of the embodiment of violence, both physically and in stories told, and of the use of the body as a site for the contestation of power as it occurred during both the war and of the Ebola response, has the potential to make sense of the complicated response of the Sierra Leonean and Liberian people to the humanitarian effort, and also to provide insight into how to approach future medical humanitarian action in West Africa and in other regions with recent histories of intense violence.

ON LOCATING RATIONALITY AMIDST CHAOS

Anthropologists writing on the Ebola outbreak, as it was actively unfolding and in its aftermath, did so against a pervasive discourse that framed the epidemic as fundamentally unknowable. Africanists Mary Moran and Daniel Hoffman, in the introduction to their rapidly written and disseminated work on the virus that resulted from the fall of 2014 AAA workshop, argue that

> This region is represented as unknowable from the outside, nonsensical from within. Its forests are too deep to truly know the terrors that lurk there. Its peoples' practices are inscrutably archaic and irrational. It is a familiar West African storyline, one told repeatedly in the 1990s and early 2000s when war and political instability presented the world with a seemingly inexplicable crisis to be resolved. Now it is disease. But in both cases the picture is of a catastrophe without logic or historical causes, a technical challenge to be met but not a socio-political event than can be, or even should be, explained. (2014:1)

Harkening back to Kaplan's "new barbarism," this understanding of the virus outbreak as something that was inherently distant, uncivilized, and ahistorical, actively serves to undermine efforts at effective intervention in the region. Additionally, the sensationalization of the epidemic led to suspicion of those constructing the discourse by those who were afflicted (Wilkinson and Leach 2014). The distorting tendency of the outbreak narrative, both by the mainstream media those contributing to the discourse on the level of the global health response had the effect of obscuring from view the real story, that of human lives and loss (Wilkinson and Leach 2014). Moran and Hoffman argue for the need for a radically different approach, one that contextualizes and critiques the various involved actors' choices during the outbreak to understand their decisions and intervene effectively, for "[i]n the current epidemic, as in the violence that preceded it and in the long uncertain period to come, intervention and understanding are not separate" (Moran and Hoffman 2014:2).

For example, one problem compounding the crisis of the health system during the outbreak relates to the multiple organizations that stepped in after the war to manage the country's health care, effectively relieving the government of the responsibility to develop the infrastructure to care for the population. Without that context, the weakness of the Sierra Leonean and Liberian health systems could be perceived as a straightforward failure of planning or misallocation of resources. While both of these critiques are true to a degree, what is missed without the context is that a logical progression of interventions by the international community and choices by the governments of the two nations directly contributed to the ineffectiveness of the health

systems. Instead of being inexplicable, the diminished capacity of the health system was an entirely predictable end product of a series of rationally made decisions on the parts of the multiple involved actors in the region.

The theme of locating rationality amidst seeming chaos is recurrent within anthropological writing on the outbreak and must be taken as one basis upon which to ground an understanding of the embodiment of violence as a link between the war and the epidemic. For example, the mainstream media, as well as professional and academic discourse, reported on a widespread avoidance of Ebola treatment centers by the local population. Though superficially nonsensical, even a limited investigation into the nature of the resistance to treatment illuminates a plethora of reasons that biomedical care was resisted. The initial response to the epidemic by both national and international actors was wildly inadequate, with Médecins Sans Frontières being the primary responding organization. The lack of facilities and resources meant that many patients and providers died quickly upon presentation for care; patients never reemerged from ETUs to return to their homes, from which they had frequently been forcibly removed (Wigmore 2015). In but one of many instances, during early months of the outbreak, the Center for Disease Control (CDC) recommended avoidance of hospitals by affected people in West Africa because infection control measures at local hospitals were so abysmal that the risk of seeking treatment in a hospital outweighed the potential benefits of receiving care (Ferme 2014). That the fatality rates for Ebola, should it be untreated, are extraordinarily high speaks to the dire conditions in regional hospitals when the outbreak began.

Mariane Ferme, in her work on the state of the public health sector in Sierra Leone during the outbreak, states "…one often returns home as one had left or dies from the journey's hardships and lack of care. What may appear to be inaction informed by fatalism – even avoidance of proffered medical attention – must be understood as a calculated decision about the costs and benefits of expensive care, based on experience" (2014: 2). Similarly, later in the outbreak, when the government of Liberia began to issue instructions for those infected with Ebola and their families, recommendations for treatment were violated more often than not. This was due neither to ignorance nor willful disregard of guidelines, but because years of war and government corruption had thoroughly undermined the population's trust in authority (Amman 2014). As Theresa Amman, in her work on regional human security, states, "Such instability, chaos, and confusion only invoke memories of the past" (2014:2). In such circumstances, to choose to place one's trust – and health – in the hands of a government that had recently and repeatedly proved itself unworthy of that trust would be the illogical act. Later in the conflict, a reversal of the decision making process was seen; when survivors began to return to their villages, people became much more receptive to treatment in ETUs, demonstrating rationality of decision making processes (Wigmore 2015).

At the workshop that inspired both my own research and the publication of much of the literature referenced here, Sharon Abramowitz, Africanist medical anthropologist and scholar at the forefront of the academic activist movement to address the crisis, stated, on behalf of herself and the AAA, that anthropology as a discipline would share information and relevant experience on any terms. She argued that while local settings

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are extraordinarily nuanced, they are not unknowable. What follows is an attempt to utilize anthropological knowledge on the war and the body to make sense of the Ebola epidemic.

PARALLEL PATHS TO A LOSS OF BODILY CERTITUDE

> *Ebola invaded Sierra Leone using an eerily similar path as Revolutionary United Front rebels twenty-three years ago. From Kailahun, the farthest eastern district, the virus has coursed its way, inch by destructive inch, into the heart of the country and the imaginations of Sierra Leoneans. Along the way, it has met with varying public attitudes and a government response that parallels what the rebels encountered as they marauded through the countryside to eventually lay waste twice to the capital Freetown. (Batty 2014:1)*

Rationality, as well as the logic and meaning behind beliefs and actions, must be sought when attempting to understand the role of the body as the link between the war and the outbreak. It is precisely this understanding that anthropology is positioned to offer. The local population's resistance to medical treatment during the outbreak was an extraordinarily complicated social phenomenon that cannot be easily explained. This is due, in large part, to the fact that the virus itself was not a force that could be easily explained. Whereas the war was nameable and known, to a degree, while remaining terrifying and fluid, at its outset Ebola had no name nor known origin. Treatment of the unknown proved to be a tragic exercise in futility and loss. On what it meant for those infected with Ebola to seek treatment, Fodei Batty, West African scholar of philosophy and political science, states:

> They consulted their traditional healers who had cured all kinds of illnesses in the past and sustained their communities for generations, and they died. They went to

the barely staffed government health centers to consult 'modern medicine,' they still died, and they continued dying. Some of the health care workers brave enough to care for them died without knowing what had prematurely dispatched them to meet their ancestors. (2014:1)

After frustrating encounters with health care providers failed to result in lives saved, the population became wary and hostile toward those who attempted to provide care. Treatment providers were attacked when they attempted to enter villages; the tactics used, such as the blocking of roads and felling of bridges, mirrored those employed against rebel forces during the war (Fairhead 2014). Others, fearing that they would be infected by healthcare providers or forcibly quarantined if already infected, hid in the bush or fled, often across borders. Although the movement of bodies through space was an appropriate survival strategy during the war, it resulted in the devastating spread of the virus during the outbreak (Omidian 2014). In addition, a parallel exodus of elites occurred during the Ebola crisis as did during the war (Benton 2014), which served only to further spread the virus both within and across borders.

Invisibility and the Unknown: Witches, Rebels, and Responders

The Ebola outbreak was characterized by the invisibility of the threat of the illness and the eventual invisibility of those affected by the disease. The course of treatment required isolation, prohibited physical touch, and upon death, the physical body in its normal state disappeared through the process of removal and/or cremation. The same configuration of qualities also defined the war. Beliefs in the supernatural – and in witchcraft, in particular – can be applied to interpret experiences of the body during both the war and the Ebola outbreak. One prevailing local explanation for the Ebola epidemic

that explicates the relationship of the war, the outbreak, and the body is that of the witch plane crash. Witch planes are tiny airplanes, which manifest in various ways ranging from nutshells to animals, which witches are believed to use for transportation (Wigmore 2015). One commonly repeated story about the coming of the virus involves a witch plane, sent by one local leader to another during a dispute. Upon crashing in Porto Loko, it caused the accidental collision of the world of magic and that of humans, and the subsequent arrival of Ebola among the people (Wigmore 2015).

Beyond the story of the witch plane crash, witchcraft exists as a primary framework by means of which to understand the articulation of violence and the body during both the war, as it was described in relation to the *njombo-bla* attacks, and the outbreak. Witches exist in stark opposition to humans because of their antisociability and isolation. They dwell in an invisible, nighttime world and thrive through the consumption of humans and the destruction of culture and community via the spread of fear and distrust (Bolten 2014). While the action of witches is traditionally seen within relatively minor interpersonal conflicts, witches are also implicated in ritual killings and cannibalism. They accumulate wealth through invisible means unknowable to people and base it in their secret world, which is highly technological, materially based, and may cause the spread of invisible, destructive forces (Bolten 2014).

Ebola threatens communal life along the same lines, making witchcraft a natural explanatory model of the otherwise inexplicable virus. Initially, strong community ties and physicality held Ebola at bay, as extended families and communities came together, resisted penetration by outsiders, and took care of each other. As the virus became more

powerful and more vicious, those social bonds were no longer adequate to relegate Ebola

to the status of a distant, dangerous rumor; instead, the disease undermined exactly those

ties as it spread invisibly through society, transforming communality into fear as it

advanced (Bolten 2014). Neighbors who had recently served as caretakers and protectors

quickly became potential sources of infection to be avoided. As Catherine Bolten, in her

work on witchcraft and illness, states, "As Ebola education campaigns intensify, their

message – no hugging, no handshakes, no caring for the ill, and no handling of the dead –

creates clear linkages to the malevolent world of witchcraft. Ebola is a disease that

destroys people's ability to be human" (2014:2). For a population that was unable to take

care of the bodies of their loved ones during the war, to now be told that they must make

the choice not to touch their family members was tantamount to making the choice not to

care. As medical anthropologist Patricia Omidian found during interviews she conducted

for the WHO, a "disease that can only be stopped when people stop touching each other

and caring for their sick loved ones has a horrendous impact on the emotional wellbeing

of those very family members" (2014:15). The prohibition on touching, which to a

physically close and affectionate culture was akin to a prohibition on caring, and the

resultant isolation and dissolution of community, led to a natural connection being

located between the epidemic and the malice of witchcraft.

Similarly, outbreak responders superficially functioned within strikingly parallel

roles to witches. They shifted from human to nonhuman with the use of personal

protective equipment that obscured humanity and intent. Both the identity of health care

providers and the technology used to treat Ebola were invisible to those not intimately

familiar with biomedicine; as such both responders and the treatment they provided were rumored to spread the virus, rather than alleviating it (Bolten 2014). It was further rumored that Western health care professionals were collaborating with powerful locals to snatch body parts for cannibalistic rituals (Bolten 2014) or the harvesting of blood, body parts, and organs (Omidian 2014). One participant in a study conducted by Omidian echoed the concerns of many, stating

> There is no Ebola. Health workers are using this as a means to extract body parts from people who they claimed to have Ebola as a ritual or business. The people who are taken to the treatment centers do not have Ebola. The health workers are killing them and selling their kidneys and sending it overseas to sell. It's a complete business strategy for the health workers" (2014:9).

It was suggested that the need for body parts was related to upcoming elections, for rituals that required body parts for the maintenance of power (Omidian 2014).

Parallel experiences during the war and the outbreak related to the pervasive, extended loss of bodily certitude, including those that fell beyond the scope of witchcraft, generated fear during the outbreak that directly mirrored that expressed during and after the conflict. For example, attacks on the body occurred during both the war and the outbreak, albeit in very different ways, and both were framed in the language of war. To discuss the Ebola outbreak in militarized language – "to fight the virus" and "to win the battle against Ebola" – had the consequence of being reminiscent of violent events of the recent past (Henry 2014). Fear messaging such as that based in the language of war leads to maladaptive behaviors, increases stigma, and decreases communication, effectively serving to drive the disease – and its treatment – underground (Henry 2014). Additionally, the militarization was not just of the imagery but of the interventions

themselves, which prominently featured foreign militaries and domestic security forces in

capacity building, the development of infrastructure, and the provision of medical support

(Hoffman 2014). While the civilian population was not transformed into soldiers, nor

were the actions taken by the involved militaries an active preparation for war, as

Andrew Bickford (2015) defines "militarization," the pervasive military presence during

the humanitarian response marked an extension of military personnel and institutions into

the everyday lives and histories of local people. Despite the fact that the Mano River War

was prolonged and its reach extensive, it was not characterized by a defined, readily

identifiable military presence; the formal military presence during the outbreak far

exceeded that of the war itself.

Beyond limited peacekeeping interventions during the war, foreign militaries in

West Africa are inextricably linked to a recent colonial history, which is not remembered

neutrally. Similarly, domestic security forces have a very complicated past in the region,

steeped in violence and corruption; public perception on domestic forces remains

negative, despite recent efforts at reorganization (Hoffman 2014). War memories have

the effect of directly shaping the population's reaction to messages from authority figures

ranging from national authorities to international responders, be they military or

humanitarian. The military presence that characterized the outbreak has the effect of

drawing upon recent associations that tend toward the violent and divisive, which

foments widespread distrust and stymies humanitarian efforts.

Recommendations from an Anthropological Perspective

In their efforts to address Ebola the WHO sought to guarantee that "the concerns of affected communities…[were] well understood…that they [were] fully engaged in implementation" and that the capabilities and priorities of local populations were supported through the work of anthropologists, epidemiologists, and social mobilizers familiar with the region (WHO 2015). One particularly germane incident in which the discipline of anthropology fulfilled the role envisioned for it by the WHO occurred when a pregnant woman died of Ebola and a dilemma arose over how to properly handle her burial. Of note, in the Mano River region it is of great importance for death to occur in the appropriate location, either in a village or sacred forest, rather than in the bush. Similarly, it is vital that the life cycles of multiple generations not be blurred. A death in the bush, or one in which the death of two generations are intertwined, is considered a "fault" which would result in harm to the community in the form of drought or poor crops, for example (Richards and Fairhead 2014). The instance of a pregnant woman being buried with her fetus inside of her, for example, is to be avoided for fear of disruption of both the world of the living and that of the ancestors. Richards and Fairhead describe the following situation:

> This is precisely what happened after an Ebola response team faced problems on the death of a pregnant Kissi woman, in what became an exemplary case of cultural sensitivity. The response team ran into opposition from the population concerning the conditions of the burial. The fetus had to be extracted so that mother and baby could be buried separately. The response team considered extracting the fetus to be far too dangerous. A 'fault' would thus be inevitable.

"Without an agreement between the medical teams and the population, the woman could not be buried, and her body began to decompose." Eventually with the intervention of an anthropologist the team realised that it would be possible to conduct rituals to repair the fault once it was made. "After discussions with the elders from the young woman's village", they came to an agreement that "there had to be a reparation ritual, consisting of offerings and various ceremonies." The "anthropologists involved asked the WHO to pay for the reparation ritual, and that's how the burial took place." (2014:4)

No amount of biomedical health education could have been adequate to atone for the sin of not taking care of the dead, when this failing would have had profound ramifications for both the deceased individual and for those left behind (Richards and Fairhead 2014). This is but one insight of many that an anthropological understanding of culture, violence, and the body can provide, with very tangible results. Other areas of action that anthropology has the potential to enhance include concerns related to messaging, the provision of treatment, and burial and memorialization.

At the AAA conference on Ebola, Doug Henry (2014) discussed the problematic use of messaging and imagery that had characterized the international response thus far, much of which approached the physical body of West Africans from an omniscient, etic perspective and was framed in terms of the "fight on Ebola," though precisely *whose* fight was unclear. He argued for the utility of attempting to develop connections within the diaspora for points of local contact and engagement on the ground, and well as for the utilization of preexisting social lines for information dissemination (Henry 2014, Lubkemann 2014). The involvement of the diaspora, as a group that is familiar with both traditional practices and biomedicine, has the potential to lead to the identification of points of flexibility and openness between West African belief systems and biomedical

treatment, which will be necessary as the local population, social scientists, and humanitarian responders alike seek ways respect and honor affected people and their practices (Lubkemann 2014). On the militarization of the narrative of the Ebola response, Henry (2014) suggests that collectivity could be improved by using, for instance, soccer as a model, which would change the dialogue from that of "battling the virus" to "working toward a goal." This has the potential to minimize fear messaging and combine outreach with culturally appropriate efficacy.

Similar, seemingly insignificant changes could be made within the provision of treatment, that, while minor, have the potential to dramatically improve the reaction of the population to the international humanitarian presence. Of major concern to those who resisted treatment in ETUs was that patients were continually lost in the system, that those who were admitted never reemerged, and that limited or no information was available to the families of those admitted regarding their conditions, treatment, or death (Bedford 2014). This lack of transparency, coupled with the fear that those who disappeared into the ETUs, should they die, would have their remains disrespectfully handled, their bodies either sold or cremated to disguise manipulation from the removal of organs, led to a widespread resistance to treatment in dedicated Ebola facilities, cremation, and the use of mass graves, all of which were characteristic of treatment plans. Anthropologists Juliet Bedford (2014) suggests low technology, easily implemented solutions such the placement of a patient board that described inpatients' statuses and treatments plans, and that could be updated daily, outside of ETUs so that families were continually apprised of their loved ones' conditions. Should a patient infected with Ebola

die, Bedford (2014) recommends that a full body photograph of the corpse be taken and supplied to their family members to demonstrate that the body was intact, without signs of manipulation or invasive procedure. While relatively minor, simple changes such as these – that stem from the identification and respect for the rationale for resistance to treatment – have the potential to significantly shift perceptions on the medical care available.

On burials and memorialization, anthropology, specifically the anthropology of the body, has much to offer. Burials were a particularly problematic practice that responders encountered, often with great difficulty, during the outbreak. Funerary practices were central to the rapid spread of Ebola, as traditional burial rituals in the region involve the touching and washing of the body by caregivers and family members, as well as prolonged periods of time between death and burial in some instances, and the use of highly infectious bodily fluids in others, such as the common practice of anointing a widow with mud made from the water used to wash her deceased husband to free her from his spirit (Richards 2014). As was discussed in the previous chapter on the treatment of bodies during the war, adherence to traditional funeral practices has profoundly important ramifications for both the living and the dead, the human world and that of the ancestors. To fail to appropriately honor one's dead has negative consequences that extend far beyond the immediate. Recognition of the importance of these traditions is crucial to any attempts to reconcile biomedical recommendations with local needs.

A polarizing reaction to Ebola in terms of burial occurred at the outset of the virus: some resisted any outside assistance or control being taken over burial practices,

while others abandoned the bodies of their loved ones in the street in an effort to avoid infection or the quarantine of their households (Lipton 2014). Both reactions served to increase the risk of infection and spread the disease. Many of the solutions suggested by anthropologists stem from burial practices adopted during the war, when traditional burials could not be adhered to. Emphasized repeatedly was the importance of knowing the location of the remains, as was rarely possible during the war; it was critical to avoid the possibility of walking on ground that might have the bodies of one's loved ones in it, had they not been appropriately honored and recognized (Moran 2014). Practices were already in place that could be drawn upon in situations in which standard burial practices could not be implemented, such as when someone dies far from home and cannot be transported home for burial. In these instances, rituals exist that can be utilized to compensate for a lack of standard practice and to assuage guilt (Richards and Fairhead 2014). Richards and Fairhead (2014) suggest the utilization of the tradition of honoring by gift giving, by placing money on the ground when the body is not available, as a preexisting ritual that does not involve touching.

False burials are another option that has a history of being used in times of conflict and when environmental conditions prevent traditional burial rituals from being conducted. During both the war and times of drought, commemorations can be held long after the body had been physically buried, which allow for a safe way of honoring the dead without the risk of infection (Moran 2014, Bedford 2014). What may be more important than touching the body is the provision of a safe means of viewing the body to provide the confirmation of death so often absent during the war. In lieu of a physical

body to mourn, other wartime practices have the potential to be repurposed, including warrior dances, tree planting, and candlelight vigils head around photographs of the dead (Bedford 2014, Omidian 2014). It is crucially important to avoid inadequately performed burials adjacent to ETUs, as was commonplace early in the outbreak, for they mirror the burials of sorcerers, criminals, and strangers, further increase the population's hesitancy to seek treatment, and possibly die, there (Richards and Fairhead 2014). Further recommendations include the construction of a national monument that includes the names of all of the dead, and the establishment of a National Memorial Day in honor of the lives lost.

Chapter 7: Conclusion

The articulation of violence and the body that occurred during the war manifested in ways that were blatant: in the corpses; in the injuries; in the separation of limbs from bodies and family members from each other. It also occurred in less obvious ways: in the use of dead bodies as tools of war by the perpetrators and victims of violence; in a localized, holistic understanding of the condition of *haypatensi*; in the individually and collectively experienced *njombo-bla* attacks. The physical body was a central site upon which power control were negotiated and renegotiated by both those who sought dominance and those who sought merely to survive. An understanding of the nuances of the embodiment of violence that occurred in Sierra Leone and Liberia, when taken in historical, socioeconomic, and cultural context, has the potential to help make sense of what otherwise appears to be senseless violence, often followed by the seemingly nonsensical reactions of those affected. A consideration of the experiences of violence and the body also has the potential to shed light on connections between the war and subsequent events, such as the Ebola crisis. The physical body played a fundamental role in connecting the two traumatic periods and in shaping both the way the Ebola outbreak was experienced and the surrounding narrative; here again, the depth of knowledge that an anthropological perspective provides clarifies what was otherwise a perplexing reaction by the region's population to the humanitarian response.

Singer and Clair's argument that "diseases do not exist in a social vacuum nor solely within the bodies of those they inflict" and thus that "their transmission an impact is never merely a biological process" (2003:428) bears repeating. In the case of the Mano River region, the infection of Ebola in tandem with the social condition of recent wartime violence and destruction led to a dramatic increase in the burden of disease during the epidemic. The reasons for this are complex and extend beyond those of a severely damaged health infrastructure coupled with a devastating disease process. An analysis of violence and the body as it was understood during the war has the potential facilitate the understanding of disease as it occurred in this specific cultural and historical context and to shed light on the complicated interaction of the biological and the social (Singer and Clair 2003). As Singer and Clair argue, the social condition of recent war was of determinant importance in the manifestation of the Ebola epidemic and needs to be recognized as such for effective humanitarian intervention to be undertaken.

Its applicability to the Ebola outbreak represents but one of many ways in which an understanding of the "complex interaction of culture, the experience of violence and the altered grotesques of wartime subjectivity" (Henry 2015:244) is relevant to broader questions both within anthropology and outside of the discipline, in the fields of development and public health, among many others. A deepening of the awareness of the articulation of violence and the body, in West Africa as well as in the countless other locations rife with conflict, is one of the many perspectives that has the potential to begin to approach and address the damage done by underlying power imbalances, social injustices, and institutionalized violence. Further research, aligned with that which was

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begun on the implications of the Mano River War for the Ebola outbreak, may reveal more clearly the connections between the experiences of the body in times of war and humanitarian emergency.

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Biography

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