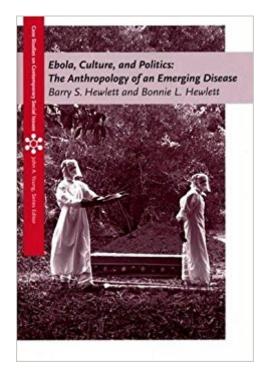


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# Ebola, Culture And Politics: The Anthropology Of An Emerging Disease (Case Studies On Contemporary Social Issues)





## Synopsis

In this case study, readers will embark on an improbable journey through the heart of Africa to discover how indigenous people cope with the rapid-killing Ebola virus. The Hewletts are the first anthropologists ever invited by the World Health Organization to join a medical intervention team and assist in efforts to control an Ebola outbreak. Their account addresses political, structural, psychological, and cultural factors, along with conventional intervention protocols as problematic to achieving medical objectives. They find obvious historical and cultural answers to otherwise-puzzling questions about why village people often flee, refuse to cooperate, and sometimes physically attack members of intervention teams. Perhaps surprisingly, readers will discover how some cultural practices of local people are helpful and should be incorporated into control procedures. The authors shed new light on a continuing debate about the motivation for human behavior by showing how local responses to epidemics are rooted both in culture and in human nature. Well-supported recommendations emerge from a comparative analysis of Central African cases and pandemics worldwide to suggest how the United States and other countries might use anthropologists and the insights of anthropologists to mount more effective public health campaigns, with particular attention to avian flu and bioterrorism.

### **Book Information**

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### **Customer Reviews**

Barry Hewlett is Professor of Anthropology at Washington State University, Vancouver. He received

a Ph.D. from the University of California--Santa Barbara in 1987 and has had appointments at Southern Oregon University, Tulane University, and Oregon State University. He has conducted research in central Africa since 1973 and is the author of INTIMATE FATHERS: THE NATURE AND CONTEXT OF AKA PYGMY PATERNAL INFANT CARE, HUNTER-GATHERER CHILDHODS (edited with Michael Lamb), FATHER, FATHER-CHILD RELATIONS: CULTURAL AND BIOSOCIAL CONTEXTS (Edited), and "Human Behavior and Cultural Context in Disease Control," Special Issue of TROPICAL MEDICINE AND INTERNATIONAL HEALTH (edited with Joan Koss-Chioino). Current research interests include biocultural contexts of infectious and parasitic diseases; the transmission, acquisition, and evolutionary nature of culture; hunter-gatherers; and child development. Bonnie L. Hewlett worked as a registered nurse in neonatal intensive care before obtaining her Ph.D. degree in anthropology at Washington State University, Pullman. She has conducted research in Gabon, Republic of Congo, and Central African Republic. Her research interests include medical anthropology, adolescent development, hunter-gatherers, and evolutionary cultural anthropology. Recent publications include "Providing Care and Facing Death: Nurses and Ebola in Central Africa" in JOURNAL OF TRANSCULTURAL NURSING, "Vulnerable Lives: Death, Loss, and Grief among Aka and Ngandu Adolescents of the Central African Republic" In HUNTER-GATHERER CHILDHOODS (Barry Hewlett and Michael Lamb, editors), and "Love, Jealousy, and Anger among the Aka Foragers and Ngandu Farmers of the Central African Republic" in LOVE AND INTIMACY ACROSS CULTURES (William Jakowiak, editor). She is currently an adjunct professor of anthropology at Washington State University, Vancouver.

This remarkable text provides a clear and very readable account of the cultural context of Central and east Africa Ebola outbreaks, based on primary field research, and is highly relevant to attempts to control Ebola transmission in West Africa now (in late 2014). The authors combine anthropological and clinical training. The book is one of very few examples of acute outbreak "emergency" ethnography. Their more general comments about the reactions societies have to rapid and lethal communicable diseases help illuminate and explain the sudden panic reaction that occurred after three Ebola cases occurred in the United States itself. This book is worth reading by anyone in public health who is part of the effort to limit the spread of the disease and the spread of panic about the disease. It is also an important read for students of anthropology who wonder how their training can answer practical and important questions, and affect the lives of the people they document. This reviewer considers public health disease control to be a form of applied anthropology, in which the effort is to understand the choices that people make and learn how to

nudge or encourage them to make life saving ones.

Insightful clinicians know that the essential first step to healing a patient is the positive act of establishing rapport with the individual and family. In an analogous way, a necessary step to stopping an outbreak is understanding and collaborating with the affected communities. I believe that this was the key complement to clinical Ebola treatment units in controlling Ebola in Liberia and other parts of West Africa. This 2008 publication assembles the authors  $\tilde{A}f\hat{A}\phi\hat{A}$   $\hat{a}$   $-\tilde{A}$   $\hat{a}_{,,\phi}$  field research in Gabon, Uganda, and Congo (Brazzaville), and supplements this with literature on Ebola outbreaks in the Democratic Republic of Congo and South Sudan. The authors argue convincingly that local communities  $\tilde{A}f\hat{A}\phi\hat{A}$   $\hat{a}$   $\neg \tilde{A}$   $\hat{a}_{,,\phi}$  response to Ebola outbreaks, though initially described in terms of sorcery, often incorporated elements of isolation (or  $\tilde{A}f\hat{A}\phi\hat{A}$   $\hat{a}$   $-\tilde{A}$   $\hat{A}$ "protective sequestration  $\tilde{A}f\hat{A}\phi\tilde{A}\hat{a} - \tilde{A}\hat{A}\hat{\bullet}$ ) and changes of burial procedures that are accepted biomedical practices. As a deadly disease outbreak proceeds, there is often a shift in perception of the problem, from a suspected supernatural causation affecting individuals, to an epidemic illness (perhaps cause unknown) requiring a different preventive protocol. An effective response should engage such community strengths. The authors also remind the reader that a community  $\tilde{A}f\hat{A}\phi\tilde{A}$   $\hat{a} \neg \tilde{A} \hat{a}_{,,\phi}\phi$ s response to (national or international) authorities during a crisis is often predicated upon its prior experience of exploitation. A community whose major experience of white people has been that these foreigners are interested in extracting and profiting from diamonds, gold, or ivory finds it plausible that their interest in sick people behind the screen of isolation wards is to take body parts to sell in Europe. There are valuable insights from the physician and medical anthropologist Alain Epelboin, who suggested improvements such as making transparent the fence around an Ebola treatment ward, so that the community could see what was happening. Although this advice has often been forgotten, it has really become the standard for culturally sensitive and transparent Ebola care. The authors propose integrating various theories of human behavior into a loose biocultural model. They also argue for the need to bring medical anthropologists to work on emergent public health situations from the beginning. Finally, they indicate the relevance of their findings on human response to Ebola outbreaks to other threatening diseases with pandemic potential such as bioterrorism and avian influenza. This is a pioneering text on using cultural understanding in the good fight against killer diseases. I recommend it to those engaged with current or coming plagues.

Great info. This provides one of the only authentic medical anthropology intervention methods that are formally recognized and incorporated into the WHO outbreak procedure!

This book gives a very in depth explanation of Ebola and the Ebola culture in Africa. It was well written and makes a complex subject matter quite easy to understand.

Very accessible and straight forward. Perfect for an undergraduate course.

I picked up this book because I am interested in infectious diseases, and there do not seem to be many texts on Ebola other than this one. I thought the authors' descriptions of the rapid-killing Ebola epidemics that seem to be on the rise in Africa since Ebola first reared its head in 1976 were fascinating, but I wanted more in the way of scientific/medical research. However, reading about "medical anthropology" was interesting overall, as it is not my field and I knew little about it before picking up this book. Overall, this book is a solid 3-stars.

This is a great introduction into what medical anthropologists do in the field. It gives a clear and interesting look into African cultures and epidemic illnesses. I especially like this book because it is readable in the sense that it's not caught up in its own cleverness and bogged down with layers of super-academic speak.

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