

Ebola: How a People's Science Helped End an Epidemic. Paul Richards. London: Zed Books, 2016. 192 pp.

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Paul Richards's *Ebola: How a People's Science Helped End an Epidemic* is a tour de force. It is not only the best book on the subject of the 2013–15 West African Ebola epidemic, it is also a stimulating meditation in social theory. While focused especially on the trajectory of the epidemic in Sierra Leone, it covers the situations in neighboring Guinea and Liberia. The book is written in plain English, and though Richards deals with technical subjects from epidemiology to social theory to West African ethnology, he conveys all in a coherent and approachable style. The book should be useful for teaching undergraduates, for nonanthropologists (like medical professionals) looking for a comprehensive postmortem of the West African Ebola epidemic, and for professional anthropologists.

Richards begins, “Ebola is a disease of social intimacy” (1). The rest of his argument spools out elegantly from there, offering a social anthropological analysis of the epidemic.

The outbreak began in December 2013 in southeastern Guinea; by May 2014, it had spread to Liberia and Sierra Leone. The scale of the epidemic dwarfed prior outbreaks in remote

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corners of Central Africa, leading the US Centers for Disease Control to predict that the 2014–15 Ebola epidemic could infect 1.4 million people. In the end, there were some 27,000 cases (about 15,000 of them confirmed), with mortality rates that ranged from 30 percent in Sierra Leone to 66 percent in Guinea. The total number of deaths was a little over 11,000, a massive tragedy by any standard, yet far less than initial estimates had predicted. Richards thus sets himself the task of explaining what went right in the midst of so much chaos and suffering, as well as how rice-farming villagers and health care professionals collaborated to bring the epidemic under control and offer increasingly effective treatment to those already infected.

Richards insists on the sociological dimension of both the spread and the containment of the disease. Throughout, he focuses on a dangerous misrecognition: the culture concept. While Richards holds Clifford Geertz particularly accountable for this notion of culture, the broader point against which he argues is that culture is a kind of cognitive script that shapes what people do in the world. In the case of situations like an epidemic spread by social intimacy, this is not just incorrect but dangerous, because it leads to epidemiological messages intended to shift behavior by changing cultural beliefs.

The reason such outreach was demonstrably ineffective, Richards asserts, is because it got the equation backward. Culture is a symptom, not a cause. There is no denying that people in different places and times do things in distinctive ways, including caring for the sick and burying the dead, the two primary scenarios within which Ebola is transmitted. Instead of thinking of these as cultural, Richards argues, we should understand them to be “techniques of the body,” borrowing the phrase from Marcel Mauss’s famous 1934 essay. In the neo-Durkheimian framework that he proposes, epidemiologists and others should not think of culture as a cognitive template that enjoins people to engage in harmful traditional practices; rather, these traditions are the visible traces of an ever-changing and often only

semiconscious engagement between habitual practices (*habitus*) and the exigencies of everyday life. This subtle shift in emphasis has two consequences. It suggests, first, that practice (as opposed to culture) is relatively pliable and available to be adapted to changing circumstances and, second, that the terrain of public health engagement ought not to be that of explanation and argumentation but rather that of practical, embodied forms of knowledge.

The most powerful chapter in the book, “Community Responses to Ebola,” offers an ethnography of how these dynamics played out in one Mende chiefdom of Kailahun District, where Sierra Leone, Guinea, and Liberia meet. As it happened, the paramount chief of the district was himself trained as a nurse and a lab technician, and when Ebola first entered Sierra Leone, he cautioned everyone against touching the sick or touching and washing the dead—exactly the advice a specialist in hemorrhagic fevers would have given. Unfortunately, the initial victim was highly respected in the region, and dozens of colleagues and friends came to minister to her. Of these, 27 contracted Ebola and died, and 68 died as a result of touching her corpse at some point during the preparations for her burial. These numbers included the chief’s own wife.

Despite the fact that rumors pointed to the deaths as part of a government plot to decimate the Mende people, the chief insisted on training a team of young men as an anti-Ebola task force. Crucially, when it came to convincing members of the women’s Sande power association (into which all adult Mende women are initiated around puberty), he had no authority to force them to change the ways they buried their members, especially their senior members, several of whose funerals had become “super-spreader events” (139) due to the large number of senior members who had come from a distance to pay their respects. The chief offered the best scientific information he could to the Sande leaders. His message was met with acceptance by some and opposition by others. When Richards asked him what happened, he responded simply that they had gone to the sacred grove in the forest and

“danced a solution” (140). Burial practices shifted, and Ebola infections in the chiefdom dropped precipitously, all with virtually no input from public health officials. Using the parallel example of local practices of hybridizing rice varieties to suit subtle climatic and soil variations, Richards argues that such solutions grow out of embodied practical consciousness, not the deliberative model that organizes public health outreach.

Richards applauds the rapidity with which many international actors embraced and worked with such approaches. It must be said that there was significant variation across the three countries, with Guinea being the least successful at promoting such epistemological ecumenism. The variation in effectiveness and responsiveness by the governments of the three countries is a story not taken up in this fieldwork-based account, but it should be the focus of future studies that build upon Richards’s scholarship.