What Anthropologists Do

SECOND EDITION



Veronica Strang

ROUTLEDGE

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work, the World Health Organization (WHO) revised its guidelines for responding to Ebola outbreaks.

Ginger Johnson writes about her experience of working in West Africa with the International Federation of Red Cross and Red Crescent Societies (IFRC) during the 2014–16 Ebola outbreak. Her account raises issues that will resonate with many people following the recent Covid-19 pandemic.

Understanding disease transmission

Ginger Johnson

In December 2013, a two-year-old boy in West Africa engaged in a normal activity for many toddlers around the world – he played outside around a tree near his home. However, this particular tree happened to house a colony of bats infected with Ebola, one of the most deadly infectious diseases humans have ever encountered. Shortly after the toddler's encounter with the bat colony, he died. His mother died approximately a week later, followed by his three-year-old sister and grandmother. This was the beginning of the largest outbreak of Ebola – or Ebola Virus Disease (EVD) as it is now known – in history. But it would take another three months, and almost thirty more deaths, before EVD was confirmed as the source of the toddler's illness. Over two years later, by March 2016 when the outbreak was officially declared over by the World Health Organization, more than 11,000 persons had been infected by it and died in Guinea, Liberia, and Sierra Leone.

This is a disease known to medical professionals since 1976. So why was the outbreak of EVD in West Africa so much worse than any previously recorded? Was this strain of the virus somehow different, somehow more deadly, from previous strains? The short answer is, no. Although unprecedented in scale, the course of infection with EVD in West Africa was consistent with historical outbreaks in that an animal (in this case a bat) was the first source of transmission, with the subsequent spread of the virus *almost exclusively through human-to-human contact*. Enter the need for anthropologists.

Infectious diseases such as EVD are spread through persons coming into contact with the body and bodily fluids of someone who is experiencing symptoms, or someone who has recently died from their illness. Because infectious diseases are most often spread through routine human interactions, they are as much social as biological in nature. In the case of EVD in West Africa, this meant that common human behaviors – a mother caring for her ill toddler, a friendly handshake or hug between friends, a goodbye kiss on the forehead given to a beloved grandmother who has passed away – suddenly had the potential to transmit a deadly virus.

The scope of the outbreak in West Africa can be attributed to several factors, one of which were burial practices. Someone who has recently died from a disease such as EVD is highly infectious. Combine this with a large group of mourners who may come into contact with the deceased during the funeral, and there will be multiple opportunities for EVD to be transmitted to others.

Investigating the transmission of EVD during funeral proceedings was a topic towards which many anthropologists working during the outbreak dedicated their time and attention. Our work demonstrated the importance of not only understanding burial practices as contributing to the transmission of EVD, but also the risks to those who were caring for their ill relatives, friends and community members. This work also communicated to outbreak responders the social significance of funeral proceedings for ensuring a person's passage to the afterlife. Understanding these issues were key in understanding why families were resistant to 'safe' medical burial practices.

It may seem strange that persons actively experiencing an outbreak of a deadly infectious disease would resist medically safer burials designed to halt transmission. But think about some of the things that all humans have in common. We love and are loved by others. We have individuals in our families and our communities for whom we often have a high degree of respect – our parents, our grandparents, our religious leaders. We may well have persons in our families and our communities, such as children, who we care for and mentor. How might we respond if any of these persons become very sick and need care, or if they do not survive?

Who do you trust to treat your loved ones respectfully? What ceremonies should be performed to allow you, your family and your friends to say goodbye? Or to make sure that your loved one is treated in a manner according to your religious customs? However you picture this, it is probably very different from a 'safe' burial in the context of an infectious disease outbreak. This was one of the reasons why, in West Africa, distrust developed between persons affected by EVD and the personnel tasked with stopping its transmission. Control of the epidemic in was severely undermined by this distrust. It was often the role of anthropologists to help humanitarian agencies to understand local customs and establish mechanisms for respectful engagement with EVD-affected communities. This helped to reconcile how affected communities needed their loved ones to be handled, and what outbreak responders required in order to ensure a 'safe' burial for persons who died from EVD. These collective efforts by anthropologists and outbreak responders led to what is now known as Safe and Dignified Burials.

At the time of writing, Safe and Dignified Burial procedures are being used in yet another outbreak of EVD in North Kivu, in the Democratic Republic of Congo. Although EVD control methods and messages may need to be adapted to new contexts, such as in North Kivu, the aims of anthropologists working during a public health emergency remain the same: to understand local contexts and human behaviors in order to engage respectfully with communities experiencing a crisis. Given the many global crises we are experiencing today, whether through climate change, civil war or the outbreak of an infectious disease, the world needs a new generation of anthropologists who are equipped to work in fast-paced emergency environments.

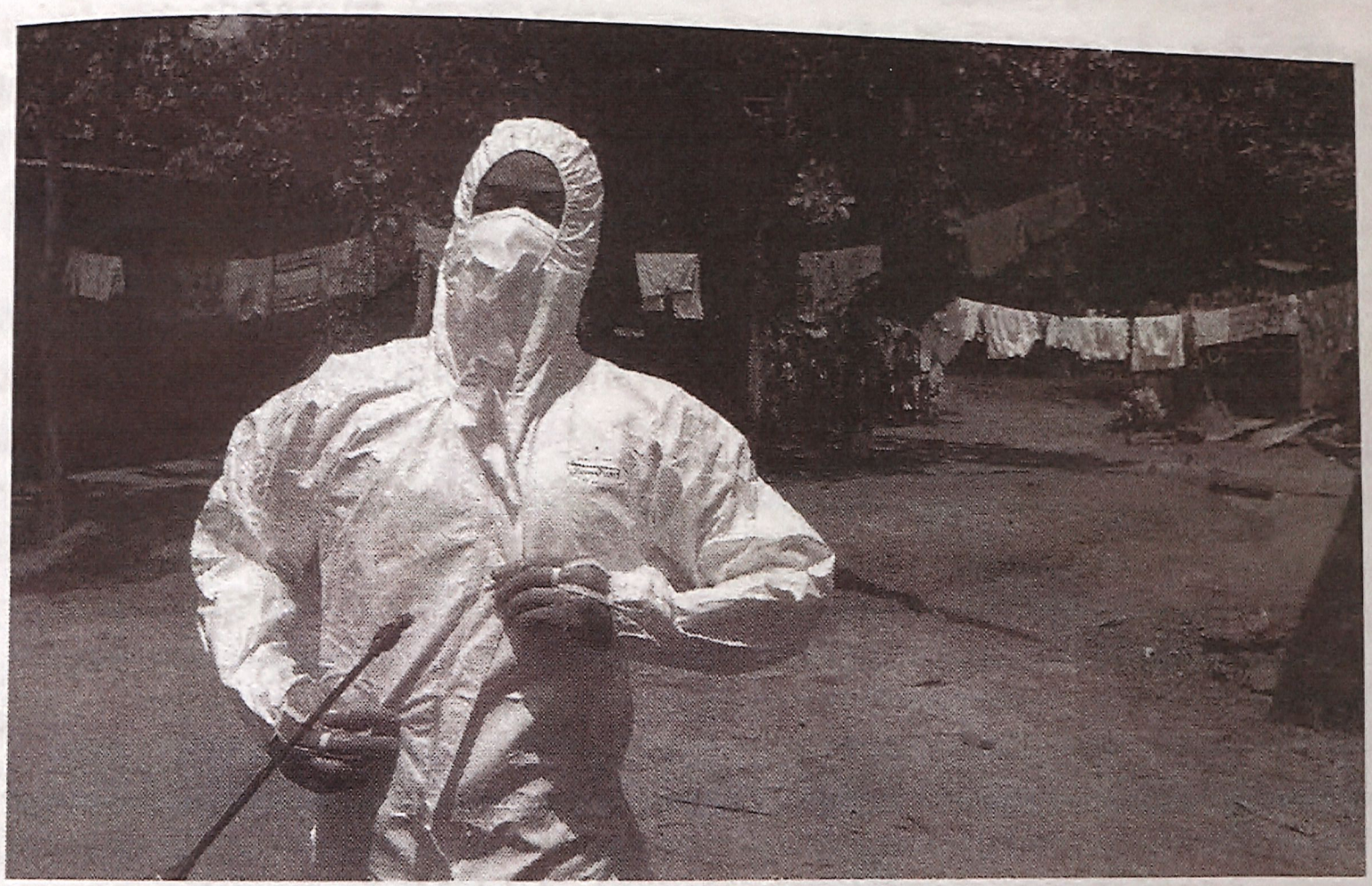


Figure 7.7 While community residents look on in the background, a member of the Safe and Dignified Burial team in Sierra Leone is sprayed with chlorine prior to removing his protective suit. Burial team members had recently picked up the corpse of a deceased community member. Photograph: Ginger A. Johnson.