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PERSPECTIVES ON WEST AFRICA’S EBOLA EPIDEMIC


KEY WORDS: West Africa, disease, health, political, comparative

The agenda of the editors and eleven contributors to *Understanding West Africa’s Ebola Epidemic*, who come from the disciplines of history and political science, and include a policy analyst, and a journalist and political activist, is reflected in the title of the volume. In the Introduction, Ibrahim Abdullah and Ismail Rashid present the main research question that the contributors address in their essays: the failure of communication, cooperation, and action across local communities, national governments, regional health agencies, and international organizations to contain the initial outbreak of Ebola in West Africa in late 2013 and early 2014. This failure took place despite, as the editors point out, abundant and available knowledge and expertise about the Ebola Virus Disease (EVD). This central research question informs the five main themes of the volume: the sub-regional spread of the epidemic; the structural legacies of historical violence and postcolonial authoritarianism; the crisis of neoliberalism and its impact on health infrastructure and personnel; the deep-seated gendered structural inequalities and mistrust; and the international response to the epidemic.

The first three chapters of the volume underline the need for a regional approach to understanding the West Africa’s Ebola epidemic. Allen Howard explains that Guinea, Liberia, and Sierra Leone have similar ’histories of extractive economies and structural poverty, foreign intervention, colonial rule, patrimonial regimes, and, in the two cases of
Liberia and Sierra Leone, civil wars’ which made them particularly vulnerable to the Ebola outbreaks (19). If these histories are common to other African countries, the most important factor that helps better understand the easy spread of the Ebola virus in these three countries was the formation of the Mano River Union (MRU) in 1974, which came to include Guinea in 1980 and Côte d’Ivoire in 2008. The local and transnational networks that developed in the MRU contributed to the movements of people, commodities, religions, and viruses, parasites, and vectors. In his chapter, Chernoh Bah questions the narrative of the Ebola’s origin promoted by the German research team, led by Fabian Leendertz, who asserted that the insectivorous bats were the original reservoir of the virus and identified a two-year boy in Melandiou, Guinea, as the index case. Bah suggests that the Ebola outbreak could be instead linked to safety procedural violations in the Western biodefense research operations at the Kenema Government Hospital in Sierra Leone.

Chapters Three through Five, the authors Alpha Amadou Bano Barry, George Klay Kieh, Jr., and Ibrahim Abdullah and Abou Bakarr Kamara discuss how poor governance, patronage, and corruption, along with the structural adjustment programs initiated by the International Monetary Fund and the World Bank, combined to cripple the ability of the under-resourced and under-staffed health care systems to respond to disease threats in the three countries.

The next three chapters focus on ‘Development, gender, and its discontents’. Drawing on development theory, Julia Amos contends that the poor state of health facilities is the product of ‘historical injustice as a form of structural violence against the poor, uninsured populations’ (142). She views the militarization of relief assistance to Sierra Leone during the Ebola epidemic, and related military language, as a form of violence. She
also explores the best approaches to increasing the capabilities of the public health system. Aisha Ibrahim contends that the Ebola epidemic disproportionately affected women and girls, given the existing gendered inequalities. Ibrahim Abdullah analyzes the crucial role that cyber space (such as the WhatsApp mobile application) played as a site of free expression for individuals and civic groups whose democratic rights and civil liberties were further curtailed under the state of emergency.

The last four contributors examine the emergency responses of the international actors to the Ebola crisis. Semiha Abdulmelik discusses the challenges faced by the African Union and the Economic Community of West African States (ECOWAS) in responding to the Ebola epidemic. They framed Ebola as a regional security threat, mobilized funds for surveillance support, and provided information and guidelines to member states. One of the unresolved issues is the capacity of these organizations to plan and prepare for public health and humanitarian crises. Meredeth Turshen and Tefera Gezmu evaluate the response of the World Health Organization to the Ebola epidemic. They underline the fact that WHO’s activities were hampered by the lack of local surveillance systems and the lack of reliable information about the risks of the outbreak. Batty focuses on the United States’ response to the epidemic and on debates about the inequalities in the global system. Ismail Rashid discusses the contribution of the United Nations to combating the Ebola epidemic. He argues that the epidemic revealed serious failures in global governance concerning the management of public health and infectious disease.

The essays are well written and researched. The volume’s multidisciplinary and regional approaches have brought new insights into the historical, political, economic, social, and cultural factors that contributed to the making of the worst Ebola epidemic
since the outbreak in Kikwit (DR Congo) in 1995. Editors and contributors did a wonderful job of exploring why it was so difficult to contain the initial Ebola outbreak. The essays are suitable for undergraduate readings. However, one drawback of this book is that it neglected to incorporate popular responses to the epidemic in the West African countries that it effected.

This volume is also particularly timely, as it provides a historical perspective from which to consider our present moment and the ongoing Covid-19 crisis, which has been shaped by deep-rooted racial and economic inequality and which has profoundly altered everyday life across the globe. The Covid-19 pandemic provides further evidence of the inability of states and international organizations to face major health crises, and of the often fatal consequences of those failures.

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