



## **Ebola: Reaction versus Resolution**

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At the end of September last year, more than nine months after the outbreak of Ebola in West Africa, the World Health Organization (WHO) issued an official assessment which stated that, “The Ebola epidemic ravaging parts of West Africa is the most acute public health emergency in modern times. Never before in recorded history has a biosafety level four pathogen infected so many people so quickly, over such a broad geographical area, for so long.”<sup>i</sup>

Less than a year after it commenced, the Ebola epidemic is now largely considered to have passed its most potent stage, and to be nearing its conclusion. That, at least, is the impression that the European media have provided. While this media panic is not unique to the case of the Ebola epidemic, its consequences are more palpable given that infectious diseases, with the possibility of spreading beyond their borders, turn the reader into a potential victim and impose an immediate sense of engagement with the topic. The frenzy over the subject has now receded, and with the hopes of a vaccine on the horizon,<sup>ii</sup> the solution seems inevitable. Most importantly perhaps, the significance of the potential cure stretches far beyond the immediate epidemic, and provides an undercurrent of hope and reassurance to all those engulfed in the mass panic that the epidemic generated. This euphoria is the remarkable characteristic of a society that, by and large, assumes its knowledge of the world has evolved to sufficient depths to enable its control.

Yet, when there are episodes like the Ebola epidemic, the world is thrown into flux, and we encounter the realities of the historical phenomenon of moral panics.<sup>iii</sup> Moral panics entail a period of (possibly misdirected) social anxiety and concern based around a set of particular circumstances, prone to exaggeration by sources of information. In the contemporary world, the media plays a large role in developing this hype. Using the concept of moral panics in the case of Ebola, we may note three things: first, that concern was transformed into panic, and then a larger moral panic, only several months after the Ebola epidemic had begun. Thus, there was a sudden, exponential spurt in media hype and coverage. Second, though this was far from being the first Ebola epidemic, its magnitude dwarfed previous occurrences. Third, and on a related note, it made clear that our memory tends to thrive and ebb with its generation. The usefulness of history lies in perceiving meaningful precedents to better understand how to solve contemporary issues. Within a larger timeframe of comparison, societal flux may no longer be as unexpected, nor as unique as it may seem. Though episodes similar in development and danger to the Ebola epidemic have occurred before, the latter was nevertheless lived



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through as the most disarming, unpredictable and defiant epidemic in history, for however long it managed to remain on society's conscience. From a generational perspective, this may well be true; from a historical perspective, we may understand that flux seems to be an integral part of societal history. Its tendency to generate moral panics pivots on our continued determination to forget what our ancestors may have survived, entailing all the consequences that panics can wreak on the actual handling of humanitarian catastrophes. This is the notion that I hope to further in this essay, that a foray into historical memory on the occasion of a humanitarian crisis can often provide an insight into the possibilities of solution or of resolution, rather than the arbitrariness' of reaction.

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The European Enlightenment pushed the notions of reason and scientific rational onto centre stage. The idea of logical solutions and the ever-progressing evolution of human society has provided the fundamental undercurrent to the world that followed the first industrial revolution. Western society's belief in progress and therefore the notion of evolving became a given—rather than the back and forth that history has been—, and has since seeped into the impressions that most societies hold of themselves with regard to 'development'. The Whig interpretation of history, and its belief in society's unstoppable march towards development and ever-more control over nature, implied a linear notion of time. The idea of society's ultimate 'civilisation' and 'progress' has of course been much criticised (and rightfully so), yet its essence seems to have survived in many aspects of modern life. The fact that Europe witnessed the very first industrial revolution and rose to manufacturing might that then entailed many other consequences, is important to understanding the extent to which this confidence has made the foundations of European society stand upon the notion that there is only progress.

One such modern assumption seems to be that the medical knowledge, remedies, and treatments we now possess, are the best we have had. Everyday habitudes and unflustered rhythms, once established as the norm, provide us with a sense of security and prediction. It is a luxury that implicates Western Europe in particular, which, following the pronouncement of collective security in 1919 and its reassertion post-1945 under the auspices of the United Nations Organization (UN), has largely remained loyal to its promise of peace within its own borders. This notion of modernity, assumes that peace and stability, once attained, comprise an evolutionary stage from which it is only possible to move forward into similar, unperturbed cycles of human living. This security and stability have become so much a part of the everyday fabric of life that the means of dealing with an unexpected threat, such as the Ebola epidemic, becomes a major upheaval, almost contrary to what progress 'dictates'.

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Flux also impacts the distribution of power and authority both where it occurs and, if it catapults into a wider spread moral panic, anywhere it could potentially target. During the European Medieval period,<sup>iv</sup> when authority was replete in the hierarchical



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system then present in Europe, the onset of the plague (particularly the pandemic in 1347/8) made evident whose authority held.<sup>v</sup> Contrarily, during the Ebola epidemic, the panic surrounding the disease made evident ruptures in local power systems. Dr. Anthony S. Fauci, the Director of the National Institute for Allergy and Infectious Diseases (USA) has suggested that Ebola found the “perfect storm” within which to locate its outbreak.<sup>vi</sup> In other words, given that the three most affected countries (Guinea, Liberia, Sierra Leone) are still economically poor, they currently lack adequate infrastructure<sup>vii</sup> to contain or manage epidemics of this scale.<sup>viii</sup> Furthermore, all three countries have a recent history of either civil war or social disruption, which has left behind a legacy of distrust of the reigning governmental authorities.<sup>ix</sup> This distrust of reigning power structures at times extended even to those authorities that had been given the responsibility of managing the crisis and dispersing appropriate information to contain it.

As a result, rumours were rampant and divorced appropriate medical knowledge and information from any form of credibility often because of the association of the carriers of this information with those considered ‘untrustworthy’.<sup>x</sup> This was further exacerbated by the fact that local and regional populations were not being adequately informed, partly due to their own misgivings about the disease, and partly because the world’s efforts were concentrated on isolating those affected rather than treating them as agents in their own survival. Rumours about the role of MSF<sup>xi</sup> volunteers in spreading the disease, or their partaking in an illegal organ trade for which the Ebola disease was just a device, were rife.<sup>xii</sup>

Aside from rumour, stigmatisation also came into force amongst localities in which panic overwhelmed the exercise of rational investigation or of understanding. This was more evident in the aftermath, once those victims who were fortunate enough to survive the disease were forced to confront the reality that they may never be accepted into ‘regular society’ again, convicted of being forever tainted and infectious by their communities. In some extreme cases, the stigma extended to the family members of the victims, regardless of whether they had themselves been infected. Many victims’ houses were burnt down, and all of their belongings destroyed. Survivors have been denied jobs in many cases, and remain without a means of sustaining their livelihoods, in a society that will not take them back. This demonstrates the clear juxtaposition of our understanding of ‘modernity’ – rational, logical reasoning, and absolute progress (e.g. medicinal) – versus the complicated reality of reactionary behaviour and fear in the face of disruption.

All of these aspects were portrayed in the media as (rightly) shocking, but (unfairly) novel. Although our day and age may appear to have outlets of ‘truth’ that can easily dissuade the further temptations of rumour and myth that moral panics can stir, these are just as easily carriers of confusion as they are tools of dispelling the inaccurate. Thus, media can harbour not just facets of information and accuracy, but also chambers of rumour, suggestion, and assumption which fuel superstition and myth. This presents the curious incident of a two-tier panic whereby different modes of concern and fear ran parallel to each other. On the one hand, the panic that spread amongst the affected



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communities was bound within a very real threat. On the other hand, the global anxiety and consternation occurred in abstraction of the actual theatre of the epidemic.

The international community is a force that has been increasingly important over the past few decades, most particularly since 1919 when it was concretized into some preliminary theoretical and political form through the League of Nations. Indeed, International Public Health Law was further amended in 2005 to include the notion of a 'Public Health Emergency of International Concern', a reflection of the extent to which the idea of a global community and collective responsibility has seeped into the fabric of international relations, even if the reality is not always in sync. Often, when it comes to disasters that have the potential to spread far beyond their point of origin, the notions of collective security and the responsibility to protect, also entwined within our vision of modernity, may be pushed aside in favour of a more introspective perspective where everyone instinctively first looks to their own. This resulted in a tendency to favour isolation of Ebola-infected areas, even when uninfected individuals were within the confines of the isolation area, rather than a generous and unhindered outpouring of international aid that was necessary to supplement the health infrastructures of the infected countries. This is not unlike the isolation methods pursued in during the Plague in Medieval Europe, though the loci of its implementation have stretched over continents rather than just localities. This 'globalization' of fear has perhaps brought a new angle to the notion of moral panics, but the way in which they are treated and governed has many precedents.

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*"Roll on, thou deep and dark blue Ocean - roll! / Ten thousand fleets sweep over thee in vain; / Man marks the earth with ruin - his control / Stops with the shore; ..."*<sup>xiii</sup>

In his epic poem, Lord Byron is fascinated by the idea that Man will never be able to control the world, even if his authority reaches to every corner of its land, since he will never be able to conquer the prowess of the seas. This, in sum, is the humility that history suggests. The Ebola epidemic provided a counterpoint to our impressions of modernity. Instances of chaos show that (our impressions of) modernity, steeped in the assumption that it is fundamentally the most 'evolved' that it has ever been, too has its limits. Ebola is not the first, nor is it the last epidemic that humans will suffer through. Yet, to treat it as if it is either one or the other can prove detrimental to the actual humanitarian work that is required to contain and manage these kinds of catastrophes in a humane way. We tend to revert to that panic, which can reveal to us the very basic and largely unchanged instincts of society underneath the veneer of 'advancement' that they have adopted over the centuries. To go beyond an initial panic, into a societal moral panic, is to be driven by reaction, rather than by solution or resolution and eventual prevention. The balance tilts towards the short term, which in turn caters to our 'modern' dereliction of a short, but intense, attention span.

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<sup>i</sup> 'Experimental therapies: growing interest in the use of whole blood or plasma from recovered Ebola patients (convalescent therapies)', Ebola Situation Assessment, 26 September 2014, the World Health Organization, Geneva HQ, <http://www.who.int/mediacentre/news/ebola/26-september-2014/en/>

<sup>ii</sup> The 'legitimacy' or medical 'safety' of this vaccine is yet to be fully ascertained, but it is being taken for trials to West Africa and other, smaller affected areas in the African continent at large. (Dr. Anthony S. Fauci, Director of the National Institute for Allergy and Infectious Diseases, US National Institute of Health, USA, article, page 2, Financial Times Weekend, House & Home, Saturday 31 January - Sunday 1 February, 2015)

<sup>iii</sup> "A moral panic may be defined as an episode, often triggered by alarming media stories and reinforced by reactive laws and public policy, of exaggerated or misdirected public concern, anxiety, fear, or anger over a perceived threat to social order." Page 1, Introduction: The Moral Panic Concept, C. Krinsky, *Ashgate Research Companion*, undated. For further information, please see:

<http://www.ashgate.com/pdf/samplepages/ashgate-research-companion-to-moral-panics-intro.pdf>

<sup>iv</sup> Approximately between 450 AD and 1450 AD

<sup>v</sup> In cases like that of the city of Milan, the rulers of the city-state itself possessed enough power and authority to quell any objections to the notion of the quarantine or the isolation of affected areas. For further information, please see:

<http://www.sciencemuseum.org.uk/broughttolife/themes/publichealth/blackdeath.aspx>

<sup>vi</sup> Dr. Anthony S. Fauci, Director of the National Institute for Allergy and Infectious Diseases, US National Institute of Health, USA, article, page 2, Financial Times Weekend, House & Home, Saturday 31 January - Sunday 1 February, 2015

<sup>vii</sup> This would include the infrastructure that relates to healthcare and medical facilities, but also transportation (roads, access, etc.) that would enable the conveyance of aid, and general residential structures, particularly sewage systems, given the significant role that open drains played in augmenting the rate of spread of the disease.

<sup>viii</sup> Dr. Anthony S. Fauci, Director of the National Institute for Allergy and Infectious Diseases, US National Institute of Health, USA, article, page 2, Financial Times Weekend, House & Home, Saturday 31 January - Sunday 1 February, 2015

<sup>ix</sup> Dr. Anthony S. Fauci, Director of the National Institute for Allergy and Infectious Diseases, US National Institute of Health, USA, article, page 2, Financial Times Weekend, House & Home, Saturday 31 January - Sunday 1 February, 2015

<sup>x</sup> This knowledge was largely behavioural, often no more than a set of recommendations or advice on domestic practices that could reduce the risk of catching Ebola. This medical knowledge was not necessarily the 'ultimate' answer to the epidemic, but rather a set of guidelines suggesting constant vigilance. Moreover, although medical knowledge should not be regarded as infallible or the ultimate demonstration of the point of evolution at which we stand, neither, for all clarity, should its significance be disregarded or its actual advances be belittled.

<sup>xi</sup> Médecins Sans Frontières

<sup>xii</sup> Panics and rumours in urban areas, too, led one group of fearful and infuriated citizens in one of the largest slums in Monrovia, Liberia, to attack a quarantine centre where Ebola patients were being kept, and to steal the sheets and mattresses from the beds of known Ebola victims. Although their motivation is unclear, reports stated that slogans such as 'there is no Ebola in Liberia' were chanted as the centre was looted.

<sup>xiii</sup> These three stanzas form part of the fourth canto in Lord Byron's long and famous work, "Childe Harold's Pilgrimage".