

What Ebola taught me about coronavirus: panic will get us nowhere

We must take care, but not lose sight of the bigger picture. Fixating on the virus means we often ignore wider social and economic priorities



Sierra Leone health officials check passengers crossing at the border with Liberia to curb the spread of Ebola. Photograph: Zoom Dosso/AFP

Coronavirus has become inescapable, with more than 100,000 confirmed cases and almost 4,000 deaths globally to date. Even for those of us who have not had direct contact with the virus, it has our attention. It dominates the news and our conversations. Livelihoods, healthcare, travel, and social life are being impacted in ways that are difficult to quantify.

As the virus – and the associated fear – spreads, containment controls, and their consequences, are likely to become more severe.

This feels eerily familiar to me. I am a social anthropologist who unexpectedly became a specialist in the 2014–2016 *Ebola*¹ outbreak.

In 2014 I was doing long-term fieldwork in an ordinary neighbourhood of Freetown, Sierra Leone's bustling capital city, when the *Ebola* virus hit. As with coronavirus, *Ebola* was declared a public health emergency of international concern by the *World Health Organization*. Freetown was at the heart of the crisis.

In a matter of weeks, life in the city transformed as heavy-handed regulations went into effect. Schools and colleges were suspended. Travel was restricted and there were daily curfews. Commercial airlines and businesses started pulling out. Local clinics were shut down, complicating treatment for routine illnesses, which could also be deadly. Ordinary people were asked, in effect, to put their lives on hold.

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I was struck by my friends' and neighbours' responses to the emergency. Unsurprisingly, precautions against the epidemic were taken seriously. *Ebola* was genuinely scary and novel. The family that I was staying with set up a chlorine hand-washing station at the entrance to their home. Bodily contact between strangers was minimised, aided by innovations such as the "*Ebola handshake*". In most cases, the authorities were notified when there was death or illness in the community.

¹ <https://www.theguardian.com/world/ebola>

Yet, life went on. Those who had lost their jobs looked for new work. Some young friends of mine joined the official *Ebola* response. Teachers in the community set up home-based classes so children could continue with their education. Religious and social commitments remained priorities. My neighbours discovered new, less risky ways to observe Easter and Eid, and mark important family occasions. Avid football fans even developed methods to keep up with the Premier League and La Liga when the small cinemas that normally screened games were shut down.

Living an ordinary life during the emergency demanded active prioritisation in the face of draconian restrictions on movement and association. Taking genuine precautions against the virus was also deemed important. Both relied on people's abilities to come together and co-operate in new ways, and to adapt in a time of uncertainty.

Surviving Ebola was not only a matter of avoiding contagion or receiving treatment, but a broader social matter of living through the crisis in a dignified and meaningful way.

At the height of the epidemic, James and Aisha, a young couple that I lived with, had a baby. As a result of the crisis, James had been laid off from his work at a local guesthouse, and Aisha's studies in business management were suspended. They were unmarried and did not have a stable support network around their little family. Despite regulations on movements and gatherings, they decided to perform an adapted version of a traditional baby naming ceremony.

This meant holding the event later than usual, getting approval from local authorities, and inviting people who could assist with raising the baby to perform key roles, such as James' former boss and Aisha's classmates. This approach balanced both the immediate concerns of the crisis and the long-term challenges of childrearing. It was a stark contrast to the global hysteria around the outbreak, stoked by highly speculative experts, comment and sometimes media reporting.



Empty streets in Freetown during a lockdown to prevent the spread of Ebola. Photograph: Michael Duff/AP

The international response had a narrow focus on containing the virus at all costs. We are seeing similar panic-driven responses to *coronavirus*. Fixation on the virus displaces attention to the – often equally serious – social, economic and political consequences of public health interventions. It ignores the priorities of affected people, like James and Aisha, who need to be looking to the future.

By choosing to continue with their lives during the *Ebola* outbreak, my friends and neighbours in Freetown did not lose sight of the bigger picture. In hindsight, their responses make a lot of sense, even if they were actively discouraged at the time. A few years on, with health services and the economy still desperately poor in Sierra Leone², it is clear that a multi-billion-dollar international response was too preoccupied with *Ebola* and ignored the wider priorities of ordinary people.

If there is one lesson I learned from my research on Ebola in Sierra Leone, it is this: take care but don't panic about the virus and lose sight of the bigger picture. I hope that in responding to coronavirus, we as individuals – and our institutions – can learn something from those who have been through this before.

² <https://www.theguardian.com/world/sierraleone>