

Diseased Identities: How the American Media Constructed the 2014 Ebola  
Outbreak in West Africa

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## ABSTRACT

This thesis explores representations of Africans in the American media coverage of the 2014 Ebola outbreak and the differing policy solutions they sometimes elicit. I hypothesize that there is a connection between identity construction and policy solutions that can be explored along two major trajectories. First, I find sources that prefer “othering” stereotypes of Africans in their coverage often produce “securitized” solutions. I explore this trend through literature that links identity, geography, and infectious diseases constructing an image of an “infectious other”. From the “French” disease to the “Spanish” flu, the association of disease and geography is a longstanding one that again is manifested with the Ebola virus (Harrison 2014). “Othered” from “civilized” and healthy populations, the people that inhabited these “dangerous” and “infected” areas became similarly stereotyped. In comparison to the first trajectory, I find sources in the second trajectory that undertake a societal and structural analysis of the outbreak often favor approaches aimed at improving access to healthcare for the affected populations. Doctor Paul Farmer’s work informs this section of examination. I conclude the thesis by briefly posing a few questions for future research as well as examining the Ebola virus in relation to the Zika virus.

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## GENERAL AUDIENCE ABSTRACT

To many Americans, Africa is a place they will only see on the television and in the movies. Filled with people and places constructed to be so exotic, even imagination at times is at a loss. The diseases that fill these places are constructed similarly. In the late 1970's a virus was discovered deep within Zaire, now the Democratic Republic of Congo. If left untreated, its symptoms could be horrific. Largely confined to sporadic outbreaks every few years, the now named Ebola virus was brushed off by the American public. That was until the 1990s when Ebola made its way to the United States via monkeys used for medical testing. Now that Ebola had reached American shores, everything was different. Journalists and writers took hold of these outbreaks, crafting novels that later turned into best-selling movies such as *Outbreak* (1995). About twenty years later, fiction would become reality when West Africa experienced the worst Ebola outbreak in history. Marred by years of civil war, public health systems in West Africa were unable to keep pace with the rapidly spreading virus. When the American media reported on 2014 Ebola outbreak, I argue they did so in two ways. One, I find, largely relied on stereotypes of Africans as “primitive” people, often attributing the virus to problematic constructions of identity and culture. This type of reporting, I argue, often solicits militarized responses from policy makers because these identities are seen as threatening. The second way, I argue, finds sources report on the outbreak in ways that illustrate societal and structural factors that may have facilitated the spread of the outbreak, rather than attributing it to a “primitive” identity. This trend prompts responses that call for more development-oriented programs. To conclude the thesis, I briefly illustrate a few directions for potential future research as well as examine the Ebola virus in relation to the Zika virus.

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## *Chapter One: Introduction and Research Questions*

### *1.1 Introduction*

As Marlow approaches the Company's Outer Station, he paints a vivid picture of what he sees: lines of emaciated Africans march forward like ants, the chains around their necks clink with every step and the rags wrapped around their loins "waggled to and fro like tails" (Conrad, 1996, p.30). A company attendant takes Marlow's bags and he keeps moving. He is passed by another group of chained men: "they passed within six inches, without a glance, with that complete, deathlike indifference of unhappy savages," he recalls (Conrad, 1996, p.30). As they march on, Marlow observes, "their meager breasts panted together, [their] violently dilated nostrils quivered, [and their] eyes stared stonily uphill" (Conrad, 1996, p.30). The closer Marlow comes to the Outer Station the more unsettled he becomes with what he has just seen. Yet, he remarks, he must keep moving.

As he continues his rounds of the Outer Station, Marlow comes upon a group of men resting in a grove of trees. This was no ordinary grove of trees; it was instead, "a gloomy circle of some Inferno" where men like those who Marlow had just seen had come to die (Conrad, 1996, pgs. 31-32). He reflects, "Black shapes crouched, lay, sat between the trees, leaning against the trunks, clinging to the earth, half coming out, half effaced within the dim light, in all the attitudes of pain, abandonment, and despair" (Conrad, 1996, p. 31). In this inferno, bodies become shapes and shapes become shadows. Histories erased and names forgotten, these shapes die in servitude to a master they had little choice in selecting. This master believes that they hold dominion over this part of the Earth and all the things within it for it isn't cultivated and it isn't "civilized," it is still a wild land blanketed by "trees, trees, millions of trees, massive, immense, [and] running up high" (Conrad, 1996, p. 50). In this prehistoric "heart of darkness," Marlow and

his compatriots assume the mantle of an “accursed inheritance” over the stewardship of the African continent because its inhabitants could not be trusted to take care of themselves and make use of the resources around them (Conrad, 1996, p.51).

As Marlow recounts his journey along the intemperate Congo River while on a riverboat gliding down the Thames in London, he remarks that the people who inhabit the banks of the Congo are similarly tempestuous. He says of the river that took him into the “heart of darkness,” “Going up that river was like travelling back to the earliest beginnings of the world, when vegetation rioted on the Earth and the big trees were kings. An empty stream, a great silence, and impenetrable forest” (Conrad, 1996, p.49). As they navigated the river’s snakelike turns Marlow notes, “there would be a glimpse of rush walls, of peaked grass-roofs, a burst of yells, a whirl of black limbs, a mass of hands clapping, of feet stamping, of bodies swaying” as their steamer plodded on past the “black and incomprehensible frenzy” of prehistoric natives cursing at them from the shores (Conrad, 1996, p. 51). Fascinated and appalled, Marlow cannot help but to wonder about these men, after all, he was in the Congo to find the mysterious Mr. Kurtz, a man whose once venerable reputation had been destroyed by his descent into native “frenzy”. While Marlow ultimately disapproves of the violence Kurtz uses to maintain his control over the “[natives, he still] couldn’t get away” (Conrad, 1996, pg.73).<sup>1</sup>

Entranced by the “thing monstrous and free,” Marlow comments on the sentiments he feels for these “prehistoric” natives (Conrad, 1996, p.51). They were not inhuman, despite the misgivings of some of his comrades when they leapt, howled, and danced upon the shores of the river and though those scenes were “ugly” and loud, Marlow contends, “What thrilled you was

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<sup>1</sup> Marlow illustrates a scene where he comes upon a row of heads on pikes. He is told that Kurtz beheaded a group of rebels for questioning his rule. Marlow says of what he first thought were fence posts, “I expected to see a knob of wood there, you know. I returned deliberately to the first I had seen – and there it was, black, dried, sunken, with closed eyelids – a head that seemed to sleep at the top of that pole” (Conrad 1996, p. 74).

just the thought of their humanity...like yours” (Conrad, 1996, p.51). It was an archaic humanity, he argues, that was long forgotten in the “civilized” world but yet here it was in the Congo for the entire world to see. Look how far the “civilized” world has come Marlow seems to say. No matter its arcane value, the potentially wild humanity Marlow observes in the Congo is one that in the European imaginary must be constrained. It cannot be allowed to escape its primitive refuge in the jungles; it is dangerous and destructive. It lures “civilized” Europeans like Kurtz to their ends.

Written at the turn of the twentieth century, Joseph Conrad’s novel, *Heart of Darkness*, captured European imaginations with its constructions of the “primitive” humanity of the African continent. Marlow’s journey through the Congo is one filled with adventure, terror, and constant reminders of the “horrors” of the lurking “other”. Yet, the methods by which Conrad makes his case are dubious as he employs a number of stereotypes that still persist today constructing Africans as “primitive,” “savage,” and prone to erratic behavior. For example, journalist Robert Kaplan begins one of his pieces entitled, “The Coming Anarchy: How scarcity, crime ...and disease are rapidly destroying the social fabric of our planet” by describing a minister of an unnamed African country with eyes like “egg yolks” (the aftermath of endemic disease in “his country”) and in the “voice of hope about to expire,” illustrated his still unnamed county’s descent into lawlessness and chaos (1994). I argue the American media again depicted Africans in a stereotypical manner in their coverage of the 2014 Ebola outbreak in West Africa constructing Africans as “savage” and “primitive” persons.

### *1.2 Research Questions*

This thesis will explore representations of Africans in the American media coverage of the 2014 Ebola outbreak and the policy solutions to the outbreak different representations



sometimes elicit. I hypothesize there is a connection between identity construction and policy solutions that can be explored along two trajectories. First I hypothesize sources that prefer “othering” stereotypes of Africans in their coverage often elicit “securitized” solutions. I explore this trend through literature that links identity, geography, and infectious diseases constructing an image of an “infectious other”. In the second trajectory, I hypothesize sources that undertake a societal and structural analysis of the outbreak favor approaches aimed at improving access to health care for the affected populations. Doctor Paul Farmer’s work informs this section of examination. I substantiate my argument in the fourth chapter through a content analysis of a sample of the American media coverage of the 2014 Ebola outbreak.

### *1.3 Chapter Structure*

Chapter two explores the literature on identity construction and stereotypes. Using Hegel and Said as my primary theoretical referents, I examine how Africans are constructed as “primitive” in the Western imaginary and how these identities feed into the creation of “geographies of darkness”<sup>2</sup>. Then, I illustrate how these now “primitive” identities are linked to perceptions of threat using Buzan, Waever, and de Wilde’s theory of securitization and Mark Duffield’s construction of the “global borderlands” in the international development imaginary. I transition to chapter three with a discussion of emerging infectious diseases and how they are linked to social context. Chapter three begins by briefly discussing some of the biological features of Ebola and impacts of the 2014 outbreak. I then highlight the concept of biosocial analysis within the context of a critical perspective on emerging infections as it helps to frame the later examination of my sources. Next, I present a summary of an article Farmer wrote on his experiences treating Ebola in Liberia. In the article he analyzes a variety of responses to the virus, as well as what he thinks needs to be done in order to prevent future outbreaks. Farmer’s

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<sup>2</sup> I do realize that this is an odd pairing of scholars, but I chose to use their works as complements to one another.

argument serves as the benchmark by which I later analyze sources that undertake a societal and structural analysis of the outbreak.

In chapter four, I discuss the methods I used to substantiate my argument. I discuss where I sourced the articles I analyzed, the general criterion I used to select them, as well as any limitations and biases that may arise. Chapter five is where I present evidence from the various sources I used to substantiate my argument. I have divided the chapter into two sections along the lines of my two trajectories. In the first section of the chapter, I present articles that favor “othering” stereotypes. I then highlight how these articles often elicit calls for securitization. Next, in the second section of the chapter, I focus on articles that present a societal and structural analysis of the Ebola outbreak. Chapter six concludes the project with a brief illustration of Ebola as an example of an “Outbreak Narrative”.

## *Chapter 2: Identity Construction and Stereotypes*

### *2.1 “Primitive” Identities and Geographies of Darkness*

Like Kaplan’s African minister who speaks of the corruption in his country in a hopeless and foreboding tone, so too seem to be the narratives that surround the Ebola virus. In its most advanced manifestations, the Ebola virus causes patients to bleed out of every orifice of their bruised bodies. Weak and listless from the loss of all bodily fluids, patients eventually die a slow and painful death as their organ systems shut down one by one. It kills violently and according to popular narratives, without regard. There is little dignity at its end, contrary to popular Western ideas of painless and peaceful death. In the Western imaginary, Ebola is the “incomprehensible frenzy” of nightmares long thought associated with peoples still mired within the confines of a “primitive” existence (Conrad, 1996, p.51). The American press only began to pay attention to the outbreak when it became apparent that the Ebola virus had the potential to transcend the borders of West African states. In order to understand how Ebola came to be constructed as a fearful product of a “primitive” identity in the media, I have explored historical stereotypes of Africans in the European imaginary.

As European nation-states developed in the fifteenth and sixteenth centuries, they often incorporated and “civilized” societies thought to be “savage” and “wild”. The narratives of these conquests took on a different tone as they ventured out from continental Europe into the “New World” where contact with Native Americans, for example, resurrected ideas of the Biblical Eden (Pieterse, 1992, p.32). Contact with Africans, however, provoked a different reaction. Broadly, it was perceived that Native Americans had some concept of what it meant to be “civilized”. Many thinkers characterized them as “noble savages” as many accepted Christianity and were overall more amenable to a “civilized” existence (Pieterse, 1992, p.31).

Europeans perceived Africans differently for a variety of reasons. Beginning with the Biblical myth that viewed Africans as akin to Noah's outcast son Ham, Africans have always seemed to exist on the fringes of European society as figures that lacked the power of speech and knowledge of the Christian God, and thus were characterized as living "a life of unbridled lust and aggression in the wilderness, uncontained and unconstrained by community" (Brickman, 2003, p. 20). The alleged lack of urbanization in Africa also led Europeans to stereotype Africans as a place still within the confines of a "primitive" existence and as still closely related to the animals around them (Dionne and Seay in Gronke, 2015, p.6).<sup>3</sup> The association of Africans and animals serves as a reminder of how close Africans are to what is constructed as a "pre-modern" and "pre-industrial" existence. Additionally, the association of Africans and animals put "in place an almost unshakable conviction in the similarity, if not the identity, of the two in the European mind...[reinforcing] the sense of propriety of slavery: Africans were animal 'slave apes' and God had given (European) man dominion over the animals" (Brickman, 2003, p. 27). One can almost hear the clink of the chains and see the "tails" of the "unhappy savages" that Marlow first remarks upon when he visits the Outer Station (Conrad, 1996, p.30).

G.W.F. Hegel in *The Philosophy of History* provides other crucial insights into how African identities were constructed, not only in colonial narratives, but also by one of the main thinkers in Western philosophy. Hegel begins his volume, first published in 1837, by explaining why Africa will only appear in the introduction. He believes Africa doesn't deserve a dedicated section because the continent has "no history of its own...[and its inhabitants live] in barbarism

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<sup>3</sup> Big game hunting and safari culture are two current examples that illustrate this linkage. The ability to hunt for leisure, instead of for sustenance, became a marker of colonial control over Africa and its peoples. If one could afford to fashion such expeditions, then surely, it was thought, everything was under control. Additionally, it was a way for European men (women were rarely invited) to demonstrate courage and action (Jablow and Hammond, 1977, p. 46). By "courageously" killing big game animals, Europeans were able to demonstrate their supposed mastery over the "dark continent," turning it from an entity to be feared into a "beautiful, sunlit, and golden land" to be put on display (Jablow and Hammond, 1977, p. 48). However, the amount of control Europeans had over this exotic landscape was frequently tenuous for the "civilized" yet exotic land could frequently fall out of their control.

and savagery in a land which has not furnished them with any integral ingredient of culture” (Hegel, 1997, p.124).<sup>4</sup> Underlying Hegel’s analysis is the belief that geography and climate are determinative of a person’s temperament, highlighting the linkages between geography and identity that ultimately gave rise to the stereotype of Africa as the “Dark Continent”. Hegel argues, “Africa proper, as far as History goes back, has remained...shut up; it [lies] beyond the day of self-conscious history, [and] is enveloped in the dark mantle of night” (Hegel, 1956, p. 91). The metaphor of the “Dark Continent” exists as a way to distinguish Africa from the rest of the world as a place still belonging to the primitive beginnings of time and it is only fitting that the people who inhabit this “Dark Continent” are of a similar nature (Conrad, 1996, p.56).<sup>5</sup>

Like the natives Marlow observes dancing and cursing on the banks of the Congo River, Hegel’s Africans exist in a landscape unbridled by the concerns of the “civilized” world. In fact, Hegel argues, “the consciousness of [its] inhabitants has not yet reached an awareness of any substantial and objective existence” leaving them bound to the whims of passion and excess like the intemperate children he believes them to be (Hegel, 1956, p.127). Africans, according to Hegel, exhibit all the characteristics of natural man “in his completely wild and untamed state” (1956, p. 93). “Catch ‘im...eat ‘im (sic),” snarls one of Marlow’s cannibal crewmen when questioned what he would do with any captives he captured in battle (Conrad, 1996, p.56). Marlow muses that they must have been hungry after such a long time on the boat. But cannibalism is a “natural” behavior for Africans, as Hegel has argued, and a sign that they have forsaken the grace of the Christian god and filled their lives with “fetish” worship and sorcery (Hegel, 1956, pgs. 130-131). Because of their “fetish” worship, Hegel believes Africans “have a

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<sup>4</sup> Hegel’s understanding of history is Eurocentric leading one to question what exactly qualifies as “history”?

<sup>5</sup> It follows that Africa would be constructed as a “[land] impervious to the most strenuous [European] efforts...not [permitting] any inroads [of] civilization [to be brought by the explorers]” (Jablow and Hammond, 1977, p. 126). Because of this construction, Europe and Africa are envisioned as separate worlds divided by an abiding gulf that can never be bridged.

complete *contempt* for man [, their belief in his worthlessness] goes to almost incredible lengths” and predisposes them to outbreaks of murderous violence (Hegel, 1997, p.133).<sup>6</sup> Furthermore, in times of war, Hegel describes Africans as inclined to fanatical behavior that surpasses all “civilized” belief, often characterized by marauding bands of “savage” soldiers that pillage everything in their paths (Hegel, 1956, p. 97). Yet, these outbreaks of violence are not merely sporadic occurrences. On the contrary, they characterize Africa and “are among the oldest traditions of the African continent” (Hegel, 1997, p.125). Not only do Africans lack any sort of culture, according to Hegel, they are prone to incomprehensible violence beyond the realm of “civilized” understanding.

Further analyzing the linkages between identity and geography, Jablow and Hammond argue that Africa is constructed geographically and metaphorically as “a world apart. All features – the land itself, the people, the animals, and the vegetation – are viewed as too alien to be encompassed within normal rubrics of civilized understanding” (Jablow and Hammond, 1977, p. 124). For example, in *Heart of Darkness* the cannibal is defined by the omission of those traits characteristic of “civilization” (Pieterse, p.35).<sup>7</sup> Additionally, Europeans often limited their reports and observations about Africa “to surface aspects and to other ethnocentric comparisons with European systems” (Jablow and Hammond, 1977, p. 34). In fact, Jablow and Hammond argue the tales of explorers that often formed the basis of narratives about Africa were frequently dictated by the explorers “conditions of travel [including factors such as weather and geography]” (1977, p. 32). If conditions of travel were strenuous or they didn’t see any towns or cities, it’s fitting that their reports might reflect those conditions.

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<sup>6</sup> For example, during the Ebola Outbreak, many media sources were keen to blame the transmission of the virus on the “bizarre rituals of ‘secret societies’ like the Poro or Human Leopard Societies” (Farmer, 2014, p. 5).

<sup>7</sup> Megan Vaughn illustrates how Africa, in the post-Enlightenment European mind, “has been created as a unique space, as a repository of death, disease, and degeneration, inscribed through a set of recurring and simple dualisms – black and white, good and evil, light and dark” (Vaughn, 1991, p.2).

In his by now classical volume *Orientalism* (1978), Edward Said demonstrates how the East was constructed as other to the West. This was done through the use of structures found mostly in literature that were “inherited from the past, secularized, redisposed, and reformed by [various disciplines,] which in turn were naturalized [and] modernized” (Said, 1978, p.122). These structures consist of groups of references and characteristics that originate in various texts and quotations or “some previous bits of imagining, or an amalgam of all these” (Said, 1978, p. 177). For example, in *Culture and Imperialism* (1993), Said illustrates how Conrad’s construction of “white Europeans *over* (sic) black Africans, and their ivory [and] civilization *over* the primitive Dark Continent” constructs and maintains the image of imperial power (p. 29). This “othering” of Africans can be detected even in popular culture, for instance in children’s comics, such as Tin Tin in the Congo.<sup>8</sup> Brickman also argues similar representation of Africans are found across a variety of other sources: “The primitive – racially other – human is once again shown to be the past of the modern, civilized society...always threatening to overcome modern European civilization should its members let down their rational guard” (Brickman, 2003, p. 94). Even children, such as those who might read the Tin Tin comics, must be informed of what the “primitive” African can do.

Because these texts are often “the lenses through which the Orient [or “other”] is experienced” they form a basis for interaction with the world (Said, 1978, p.58). For example, European publics were informed of happenings in the colonies through stories and travel logs written by officials and explorers, some of these texts calling for the promotion of imperial activities such as Rudyard Kipling’s, “The White Man’s Burden”. He calls on the United States to, “take up the White Man’s Burden, send forth the best ye breed...to serve your captives’

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<sup>8</sup> See Jan Nederveen Pieterse’s *White on Black: Images of Africa and Blacks in Western Popular Culture* (1992) for more examples, particularly the chapter entitled “Colonialism and Western Popular Culture”.

need...your new caught, sullen peoples, half devil and half child” (History Matters, n.d., The “White Man’s Burden”: Kipling’s Hymn to U.S. Imperialism”). As in Kipling’s poem and in other texts, “civilized” Europe serves as the counter point for the “uncivilized” world “out there”. Kipling advocates for European governments to send forth their best young men to bring these “sullen” peoples into the folds of “civilization”. Kipling emphatically states, “Come now, to search your manhood, through all the thankless years, cold-edged with dear bought wisdom, the judgment of your peers” (History Matters, n.d., The “White Man’s Burden”: Kipling’s Hymn to U.S. Imperialism”). Service to the empire is not only a matter of “bringing” civilization; it is also a question of one’s manhood.

Kipling’s call to action was designed to stir Western governments of the world into what he believed was their duty, imperial conquest. He calls upon their best and brightest to forsake the futures they may have seen for themselves in the West because those “sullen peoples” need them more and to fulfill a duty to bring them into the folds of civilization because they are not able to take care of themselves. Still mired within the confines of a “primitive” existence within disease-ridden jungles, the entire African continent has been portrayed as the “white man’s grave”. As Curtin (1961) has argued, Europeans perceived Africans as incapable of constructing cities and towns that would allow their populations, or later, colonial administrators living in them, to live a healthful and relatively disease free life. Accustomed to the grand boulevards, stately architecture, and often-gridded city layouts of nineteenth and twentieth century Europe, colonial administrators perceived the frequently cramped and labyrinthine layouts of African cities as more “dangerous” and “diseased” than those of Europe (Curtin, 1961, p.609 and Harrison 2014). “Othered” from “civilized” and healthy populations, the people that inhabited these “dangerous” and “infected” areas became similarly stereotyped. From the “French” disease



to the “Spanish” flu, the association of disease and geography is a longstanding one that again manifests itself with the Ebola virus (Harrison 2014).<sup>9</sup> Fear of the infected and uncontrollable African “other” escaping from their not only “primitive” but now diseased ridden sanctuaries in the jungle strikes a fearful note in the Western imaginary. As I will later show, fear of infection and threats to civilization intermingle in narratives that entice securitized responses to the Ebola outbreak.

## *2.2 Securitization and the Global Borderlands*

Buzan, Waever, and de Wilde, in their work *Security: A New Framework for Analysis*, argue that a securitization occurs when the speech act of representing an issue as an existential security threat elicits particular types of responses often “outside the normal bounds of political procedure” (Buzan, Weaver, and De Wilde, 1998, p.23-24). Critically, Rita Abrahamsen argues that speech acts aren’t simply “a straightforward description of an already existing security situation: they bring it into being *as* (sic) a security situation by successfully representing it as such” (2005, p.58). The representation of the developing world as what Mark Duffield calls the “global borderlands” in the international development imaginary illustrates how speech acts have the potential to shape reality. The global borderlands are “a metaphor for an imagined geographical space where, in the eyes of many metropolitan actors and agencies, the characteristics of brutality, excess, and breakdown predominate” (Duffield, 2001, p. 309). This imagined space is inhabited by numerous governmental agencies that purportedly attempt to address the supposed breakdown of social fabric, the reversal of development gains, and the collapse of already fragile state infrastructures.

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<sup>9</sup> When Peter Piot and Karl Johnson, the two researchers who first responded to the Ebola outbreak in the 1970’s were thinking of a name for the virus, they found a river near the village of Yambuku, Zaire where they were working. Its name was the Ebola River. In the local language, Ebola means “black river”. Ironically, they later found out that the Ebola River was not the one closest to them; they had misread the map (Qureshi, 2016, p. 109).

Additionally, Duffield in his 2007 book, *Development, Security and Unending War: Governing the World of Peoples*, argues that development practices are not explicitly intended to improve the lives of others. Rather, he argues, they are intended to ensure Western safety and security because of the dangers brought about by globalization as these dangers to the west are often constructed as originating in underdeveloped portions of the world (Duffield, 2007, p.190 [e-book]). Duffield contends “the ripple effects of poverty, environmental collapse, civil conflicts [and] health crises [often elicit responses from western governments] require international management, since they do not respect geographical boundaries. Without western intervention, it is perceived that the dangers present in underdeveloped states “will inundate and destabilize western society” (Duffield, 2007, p. 177 [e-book]).

Kaplan’s description of West Africa well exemplifies the Western imaginary in this regard. He says the region “is becoming *the* symbol of worldwide demographic, environmental, and societal stress [...and] there is no other place on the planet where political maps are so deceptive – where, in fact, they tell such lies – as in West Africa” (Kaplan, 2000, p.7). Essentially Kaplan views West African states as failed versions of what Buzan calls multination-states. These are states that “contain two or more substantially complete nations within their boundaries” (Buzan, 1983, p.48).<sup>10</sup> Because African states are constructed as “primitive” and ahistorical in the Western imaginary, it follows that they would have little conception of what it means to have an “idea of the state” thereby pre-disposing West African states to falling prey to separatist factions and descending into chaos (Buzan, 1983, p.49). As a counter-argument to Kaplan, Duffield argues that securitizing underdevelopment further separates the continent from

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<sup>10</sup> Multination-states can be further divided into two types, the federative state and the imperial state (with hybrids existing as well). The federative state, he argues, encourages nations within those states to pursue their own identities and without imposing “an artificial nation-state over them” (Buzan, 1983, p.48). The imperial state, by contrast, has nations within that seek to dominate the state’s structure for it’s own benefit (Buzan, 1983, p.48).

the rest of the world, “favors policies of containment” and encourages militarization (Duffield, 2007, p.220 [e-book]). I will now illustrate examples of how narratives about the Ebola virus enticed securitized responses.

As Abrahamsen previously argued, speech acts bring a security situation into being by successfully characterizing it as such. The subsequent representation can elicit a variety of responses (2005, p.58). The World Health Organization’s (WHO) declaration, on August 9<sup>th</sup> 2014, of Ebola as a “Public Health Emergency of International Concern (PHEIC)” embraces this sort of securitized response. Defined in the 2005 International Health Regulations (IHR):

The term Public Health Emergency of International Concern is...“an extraordinary event which is determined, as provided in these Regulations: to constitute a public health risk to other States through the international spread of disease; and to potentially require a coordinated international response”. This definition implies a situation that: is serious, unusual or unexpected; carries implications for public health beyond the affected State’s national border; and may require immediate international action (World Health Organization: Alert, Response, and Capacity building under the International Health Regulations, IHR Procedures Concerning Public Health Emergencies of International Concern, n.d.).

Not only the act, but the language of the WHO’s declaration of Ebola as a PHEIC is in and of itself indicative of a securitization of the Ebola virus’ spread. In fact, the WHO’s declaration places the virus “above” what is considered the realm of “normal” political action and places it in the category of an “extraordinary” event. The declaration also emphasizes the risk the virus poses to other states, thus driving the attention to acts aimed at containing the virus by limiting state borders and limiting the circulation of people. In his analysis of the outbreak, Paul Farmer

provides a counterpoint to this logic of walling and exclusion stating, “there are no checkpoints or barriers in the forests” (2014, p. 5). In all, there have been a total of four PHEICs declared by the WHO (including Ebola), underscoring how atypical such a declaration is and reinforcing its “extraordinary” nature (CDC, Global Health Security: International Health Regulations, 2016).<sup>11</sup> In addition, the WHO’s declaration of a PHEIC came at a time when many viewed the Ebola outbreak as spiraling out of control as needed resources were scarce and personnel even fewer (MSF, Ebola: Massive Deployment Needed to Fight Epidemic in West Africa, 2014).<sup>12</sup>

Ole Waever defines security problems as “developments that threaten the sovereignty or independence of a state in a particularly rapid or dramatic fashion, and deprive it of the capacity to manage by itself” (in Lipshutz, ed., 1995, p. 4). The Ebola outbreak is one example of a security problem as it not only threatened human lives, but also at times was constructed as a threat to regional stability. Moreover, the securitizing speech acts that facilitated this construction, such as the WHO’s declaration of a PHEIC, fostered a sense of urgency that often serves as a strategic call for action. For example, on September 2, 2014, Dr. Joanne Liu, MSF international’s president, made a speech that requested the immediate deployment of civilian and “military assets with expertise in biohazard containment [to Ebola affected areas as the outbreak constitutes, she argued,] a transnational crisis...[.] It is your historic responsibility to act...to put out this fire, we must run into the burning building” (United Nations Special Briefing on Ebola, 2014).<sup>13</sup> In language that emphasizes the immediate need for rapid intervention, she argues

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<sup>11</sup> The other three diseases that have been declared PHEICs are H1N1 influenza, polio, and Zika virus (CDC, Global Health Security: International Health Regulations, 2016).

<sup>12</sup> Many epidemiological prediction models had the number of cases skyrocketing. For reference, I used Northeastern University’s “MOBS Lab” prediction model.

<sup>13</sup> Additionally, the establishment of UNMEER, or the United Nations Mission for Ebola Emergency Response was the first ever UN mission devoted to a health related emergency, a move that helps to cement securitized narratives about the extraordinary nature of Ebola outbreak (United Nations, UN Mission for Emergency Ebola Response, 2016).

without military expertise and precision, the already fragile states of West Africa may crumble under the weight of the outbreak, thereby potentially threatening western security.

Furthermore, Liu's statement can be read in the context of Ebola as an "emerging infectious disease" embedded in a social context and global security framework that sees diseases as threats to international security. Ebola's symptoms and association with African "otherness" catalyze the potential for a securitization to occur as they are presented in such a manner that ultimately changes reality in which the disease is understood (Buzan et al., 1998, p.46 & McInnes and Rushton 2011, p.119).<sup>14</sup> Moreover, McInnes (2016) illustrates, using the more recent narrative of global health and global health governance, how Ebola was constructed as a crisis that required an international response due to its potential security implications for the west. Why does this change occur? Paul Farmer argues that the "emergence" of Ebola is a question of human consciousness that must be investigated within the context of the print and broadcast media that has played a significant role in constructing Ebola as an "emerging" infectious disease, despite its minor overall statistical prevalence (Farmer, 1996, p. 262). Regardless of the popular narrative, many of these diseases have been around in some form or another for decades, if not centuries, according to experts such as Farmer.<sup>15</sup> What makes them "new" or "emerging" is a change in pathogenicity and distribution that is often facilitated by humans through environmental changes [...] regional trade networks and other evolving social systems" (1996, pgs. 259-260, 262). The 2014 Outbreak began along the porous border regions of Guinea, Liberia, and Sierra Leone, in precisely the areas Farmer and other experts would

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<sup>14</sup> The theory has been critiqued because of its emphasis on the necessity of verbally articulating security issues. Abrahamsen illustrates how not all actors are in powerful enough positions to make these claims (2005, p. 58). Lene Hanson's *The Little Mermaid's Silent Security Dilemma and the Absence of Gender in the Copenhagen School* (2000) presents another critique of the theory and argues against its exclusion of gender.

<sup>15</sup> Farmer writes, "Hemorrhagic fevers have been known in Africa since well before the continent was dubbed 'the white man's grave,' an expression that, when deployed in reference to a region with high rates of premature death, speaks volumes about the differential valuation of human lives" (1996, p. 262). He also notes that the virus was isolated in the late 1970s (Farmer, 1996, p.262).

predict.<sup>16</sup> In outbreaks past and present journalists have seized on their often-explosive nature, publishing sensational articles that many would later turn into books. It is through these texts Farmer argues, “Symbolically and proverbially, Ebola spread like wildfire – as a danger potentially without limit [and it] emerged” from its refuge in the borderlands to take its place in the Western imaginary (Farmer, 1996, p. 262).

Yet, not all media outlets constructed the Ebola outbreak as a result of a “primitive” African identity. There were sources, as I will illustrate shortly, that undertook a societal and structural analysis of the outbreak that went beyond concerns of identity and “otherness”. These sources instead sought to explain how the lack of resources, personnel, and medical facilities combined to facilitate the largest ever outbreak of Ebola. The following chapter begins with a very brief description of some of the Ebola virus’s symptoms, how it is transmitted, and how it can be prevented. I then present a summary of an article by Dr. Paul Farmer that illustrates an ideal example of what a societal and structural analysis looks like. Farmer’s piece serves as the example by which I largely selected the articles later presented in the analysis chapter.

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<sup>16</sup> Cases of Ebola also occurred in Nigeria, Senegal, the United States, Spain, Italy, Mali, and the United Kingdom.

## Chapter 3: Societal and Structural Analyses

### 3.1 Facts and Impacts of the 2014 Ebola Outbreak

Ebola virus disease is a filovirus that belongs to the *Filoviridae* virus family. These viruses can cause severe hemorrhagic fever in humans and nonhuman primates. The Centers for Disease Control and Prevention (CDC), states the term hemorrhagic fever “is used to describe a severe multisystem syndrome [when] the overall vascular system is damaged, and the body’s ability to regulate itself is impaired. These symptoms are often accompanied by hemorrhage [or bleeding]” (CDC, Viral Hemorrhagic Fevers, 2013). Presently, only two members of the *filoviridae* family have been identified, the Marburg virus and the Ebola virus. The five known species or “strains” of Ebola virus are Tai Forest, Sudan, Zaire, Reston, and Bundibugyo with each strain corresponding to the location in which it was first found. Scientists believe the Zaire virus caused the 2014 outbreak (CDC, Viral Hemorrhagic Fevers, 2014).

According to the CDC, scientists are still unsure of Ebola’s exact host environment. However, it is likely that the spillover event, or the first instance of the virus being transmitted from animals to humans, occurred through contact with an infected animal. Crucially, the virus is subsequently transferred through human-to-human contact. Once in humans, Ebola spreads via direct contact with the blood or bodily fluids of a sick or deceased person, or through infectious medical materials and waste. This is often a particular concern for health workers because they are handling large quantities of bodily fluids and medical materials that have come into contact with sick patients. Bodily fluids include are but not limited to urine, saliva, sweat, feces, vomit, breast milk, and semen (CDC, Ebola Virus Disease Transmission, 2015).

Symptoms of Ebola include fever, severe headache, muscle pain, weakness, fatigue, diarrhea, vomiting, abdominal pain, and unexplained bleeding or bruising and they can appear

anywhere from 2 to 21 days after exposure. Diagnosing Ebola in its early stages can be difficult because many of the symptoms are non-specific as early on it presents similarly to malaria and typhoid fever, illnesses also common to the region (CDC, Ebola Virus Disease Signs and Symptoms, 2014). Because there is no widely available vaccine (this is changing however), a person's survival is largely dependent on their ability to access the necessary supportive care. The CDC highlights certain interventions that can be used to significantly improve a patient's chance of survival. They include the use of intravenous fluids and electrolytes, the maintenance of oxygen status and blood pressure, and the treatment of other infections as they occur. These interventions assist in recovery by helping the body's immune system fight off the virus (CDC, Ebola Virus Disease Treatment, 2015).

In order to prevent infection, the CDC recommends that anyone in an area affected by Ebola practice rigorous personal hygiene and avoid unnecessary personal contact. Additionally, its guidelines state to avoid contact with bats and nonhuman primates or the meat of those animals as well as to avoid funerals or burial practices that may put a person into contact with a person who has died as a result of Ebola (CDC, Ebola Virus Disease Prevention, 2015). For those health professionals working in clinical settings, personal protective equipment (PPE) is often their first and only line of defense against contracting the virus. The CDC recommends PPE suits that consist of an impermeable outer garment such as single use disposable gowns or coveralls, respiratory protection; examination gloves with extended cuffs, boot or shoe covers, and an apron (Guidance on Personal Protective Equipment 2015). Because suits must completely cover the entire body, those who wear them are often at risk for heat stroke in tropical climates, such as in West Africa. In addition, the layers of covering sometimes make it difficult to perform precise tasks, like inserting lines for intravenous fluids.



As of March 27, 2016 there have been a total of 28,646 cases of Ebola and 11,323 fatalities as a result of the disease (WHO Ebola Situation Report 2016).<sup>17</sup> A few flare-up cases of the virus continue to be reported, punctuating the difficulty of managing and containing an outbreak of such a complex disease. While many aid organizations and other actors have declared an end to their assistance, impacts of the outbreak will be felt across the region for some time.<sup>18</sup> Because Ebola is a disease that typically affects the most active segment of the population (15 – 44 year olds), outbreaks present great challenges to economic recovery and growth in already fragile economies. Low estimates of GDP loss range from US \$219 million in Sierra Leone to US \$188 million in Liberia and US \$184 million in Guinea.<sup>19</sup> Children were also disproportionately affected by the outbreak as close to 16,600 lost one or both parents to the virus. Ebola forced countries in the region to close schools, a move that further impacted children as many for months were left without the safety and security daily instruction provides. For example, children in Guinea lost 486 hours of instruction and children in Sierra Leone lost 780 hours (UN Socio-Economic Impact of Ebola Virus Disease in West African Countries, 2015, pgs. iii-v). Post outbreak attendance rates have also dropped. Because fewer girls tend to be enrolled in school in the first place (though this is slowly changing), they are more likely to feel long terms impacts of not being in school.

Additionally, in the aftermath of the outbreak, many international organizations have found that women were disproportionality affected. As of January 7, 2015 women accounted for 50.7% of cases as compared to 49.2% of men with the highest gender disparities in Guinea and

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<sup>17</sup> Additionally, as Farmer and many others have pointed out, the scarcity of personal protective equipment in many of the hardest hit areas has contributed to higher fatality rates for health workers (Farmer, 2014, p. 2).

<sup>18</sup> Humanitarian aid has also been critiqued as infantilizing Africans.

<sup>19</sup> Ebola's impact can be felt across the continent as many countries severely curtailed or cut off trade to affected countries. Additionally, Ebola severely impacted the amount of tourists visiting the continent. There are reports that hotels in Kenya and South Africa had large numbers of cancellations because many tourists feared the spread of Ebola. Industry groups and governments tried to assuage these fears by educating potential travellers on how big the continent of Africa is and the low risk of actually contracting the virus (Vogt 2014).

Sierra Leone (UN Socio-Economic Impact of Ebola Virus Disease in West African Countries, 2015, p. iii).<sup>20</sup> This discrepancy can be attributed to the fact that many women are in frequent contact with the bodies of the deceased as local customs often called for them to prepare bodies for burial. Moreover, in Guinea, Liberia, and Sierra Leone women make up close to 90 percent of the informal services and agricultural sectors than span the borders between these three countries, these routes also being the main corridors by which the virus spreads.<sup>21</sup> Additionally, because the virus overwhelmed existing health systems, many women lost access to needed reproductive health services as resources were shifted to the Ebola response (UN Socio-Economic Impact of Ebola Virus Disease in West African Countries, 2015, p. iii). The virus itself was not the only killer. Many died because the virus curtailed already limit access to medical care.

### *3.2 Biosocial Analysis and Critical Perspectives on Emerging Infections*

As compared to the previous chapter that explored the construction of a “primitive” African identity that was responsible for the emergence of the Ebola virus, the remainder of this chapter will explore an alternative perspective that investigates varying structural and societal explanations that may have facilitated the spread of Ebola and is largely informed by the work of Paul Farmer. He begins his book, *Infections and Inequalities: The Modern Plagues* (1999), by examining socially determined inequalities that facilitate the distribution of infectious disease (p.4). He contends these disparities are “biological in their expression but are largely socially determined” (Farmer, 1999, p.4). Farmer’s observation informs the core of my argument for this section of the project because it articulates the complex realities in which outbreaks of infectious

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<sup>20</sup> Paul Farmer has termed Ebola a “caregiver’s disease” because of its disproportionate effects on that group, many of whom are women in homes and in hospitals and clinics (London Review of Books 2015).

<sup>21</sup> These corridors were also the ones most likely to be affected by quarantines, curtailing women’s access to economic opportunities.

disease often take place. It does so by undertaking a multifaceted “biosocial analysis” of disease outbreaks drawing as “freely on clinical medicine [as on] social theory, linking molecular epidemiology to history, ethnography, and political economy” (Farmer, 1999, p.5).<sup>22</sup> Essentially, a biosocial analysis argues for an investigation of disease outbreaks along the lines of social access to healthcare rather than through explanations that rely on identity constructions of the affected populations as the “other” from “civilization”.

A biosocial analysis, for example, would investigate the impacts of structural adjustment programs in the 1980s that severely restricted government spending on healthcare. Wages were limited for public health workers in conjunction with a decentralization of existing health infrastructure in attempts to cut costs necessitated by the program stipulations. Later, civil wars in both Sierra Leone and Liberia damaged existing health structures, many only to be rebuilt in the 1990s. Additionally, when central governments effectively collapsed during these wars, significant portions of doctors and nurses fled their respective countries in an effort to escape the fighting, some to never return. Moreover, a number of hospitals and clinics that were damaged in the wars have never been re-built (Benton and Dionne, 2015, p.227). The resulting turmoil from these events has resulted in high levels of distrust of the government, illustrated by “the much-reported fear and suspicion of healthcare workers and response teams [in the outbreak]”

(Wilkinson and Leach, 2014, p.8).<sup>23</sup> A critical perspective on emerging infections must take into

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<sup>22</sup> Without this type of analysis, Farmer contends scholars are bound to fall into traps of “immodest claims” about disease causality. These claims are misleading and draw attention away from the modest interventions that have the potential to treat and cure patients and they also “distract attention from the preventable social disorder that exacerbates biological disorder” (Farmer, 1999, p.4). For example, immodest claims of causality may rest their explanations in constructions of an exotic identity rather than undertake an investigation of structural inequalities.

<sup>23</sup> The suspicion of healthcare workers is something that is not new. Maryinez Lyons illustrates how, for example, in the Belgian Congo, colonial policies of infection control often ignored local custom resulting in lasting impacts. She writes,

Those early confrontations [between colonial administrators and local populations] were often accompanied by an array of regulatory measures with which the administration hoped to avert what it considered to be a potential disaster. The regulations often in turn profoundly disrupted the lives, practices

account how such events and the larger social forces that produced them “come to have their effects on unequally positioned individuals in increasingly interconnected populations” (Farmer, 1999, p.5). Additionally, a critical perspective pushes the limits of convention and seeks to ask difficult and rarely posed questions. Critical perspectives move beyond stereotypes that limit solutions to problems.

### 3.3 Dr. Paul Farmer’s Experience in Liberia

Farmer talks more about the importance of understanding the social context in which diseases occur in a 2014 article for *The London Review of Books* about trip he and a group of physicians and health activists took to Liberia during the Ebola outbreak. What follows is a summary of that article. I present it here as a benchmark example of a societal and structural analysis. He begins the article by describing the history and symptoms of the virus. As he provides some of the rudimentary details of how the virus works and is transmitted, he cautions, “the Ebola virus is terrifying because it infects most of those who care for the afflicted and kills most of those who fall ill: at least, that’s the received wisdom. But it isn’t clear that the received wisdom is right” (Farmer, 2014, p.1). The remainder of the article follows suit as Farmer leads us through his logic of why this is the case.

When the virus was first identified in 1976 in Zaire, many of those who died were indeed health professionals. However, Farmer notes, even then scientists and public health officials knew Ebola “could be transmitted as the result of a failure to follow the rules of modern infection control” (Farmer, 2014, p.1). Those rules include using new needles, syringes, and other medical equipment for each patient as well as wearing the necessary (and new) gloves,

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and beliefs of local African societies...[this disease and the responses to it are] a fundamental part of the social history of northern Congo. It is not surprising that by the early twentieth century, many African peoples perceived the increased incidence of disease as a kind of biological warfare, which was part of the recent overall upheaval and chaos brought about by European military conquest and the roughshod tactics which accompanied early implementation of colonial authority (Lyons, 1992, p.3).

gowns, and masks. This is where Farmer hints at one of the key points of the article and his overall strategy on dealing with Ebola, having the necessary medical “stuff” available. In the 1976 outbreak in Zaire, Farmer argues, nurses and patients didn’t “receive what in Brussels, Boston, or Paris would count as modern medical care (2014, p.1). The lack of access to the necessary “stuff” also extends to the availability of fluids needed to combat one of Ebola’s deadliest symptoms, the extreme dehydration caused by the virus’s persistent symptoms of fever, vomiting, and diarrhea. Without enough fluids, the body will go into hypovolemic shock, a condition that happens when there isn’t enough blood for the heart to pump through the body (Farmer, 2014, p.1). Emergency rooms in the United States and Europe can supply the necessary oral rehydration salts, intravenous fluids, or blood products to treat ill patients as well as provide the protective gear needed for health workers to prevent infection (Farmer, 2014, p.1). However, the availability of the necessary “stuff” is scarce in the regions most heavily affected by the virus.

Farmer’s second major argument of the paper illustrates the critical lack of the essential health professionals needed to combat the virus (Farmer, 2014, p.2). For example, in Liberia, “there were fewer than fifty doctors working in the public health system in a country of more than four million people, most of whom live far from the capital” (Farmer, 2014, p.2). This results in one physician per 100,000 people as compared to 240 per 100,000 people in the United States (Farmer, 2014, p.2). Moreover, many of the region’s health gains have been reversed because many “basic medical services have been shut down as a result of the crisis” (Farmer, 2014, p.2). Farmer then mentions something that is rarely discussed in media accounts of the outbreak. Similar to the UN report cited earlier in this chapter, Farmer observes, “Most of Ebola’s victims may well be dying from other causes: women in childbirth, children from

diarrhea, people in road accidents or from trauma of other sorts” (Farmer, 2014, p.2). Ebola has also affected the region’s economies and government personnel, including Liberian president Ellen Johnson Sirleaf’s chief aide. These are not symptoms of a disease that can be boiled down to facets of a particular culture. Rather, the spread of Ebola is attributable to a complex web of varying social, political, and economic factors.

Farmer then illustrates another key point about the outbreak by highlighting the levels of fear and stigma it generates. Here he provides a point of comparison to the “big three” infectious diseases of AIDS, tuberculosis, and malaria. At the time Farmer wrote this article in 2014, there had been approximately 7,000-recorded cases of Ebola. He compares this to 2000 when the total number of cases of the “big three” infectious diseases had reached close to six million (Farmer, 2014, pgs. 2-3). He writes, the “rapid pace and often spectacular features of the illness, have led to a level of fear and stigma which seems even greater than that normally caused by pandemic disease” (Farmer, 2014, p.3). This leads to a central argument in Farmer’s position, i.e., “the fact is that weak health systems, not unprecedented virulence or a previously unknown mode of transmission, are to blame for Ebola’s spread” again echoing sentiments from his work cited earlier (Farmer, 2014, p.3). The next portion of Farmer’s article is dedicated to vividly illustrating this lack of access to decent health care.

Farmer argues that building and improving needed health systems to combat infectious diseases such as Ebola will not be an easy task as “it’s often those reluctant to invest in a comprehensive model of prevention and care for the poor who ask for ready-made solutions” (Farmer, 2014, p.3). It is this desire for a “quick-fix” formula in the context of the Ebola Outbreak he argues, “should serve as an object lesson and rebuke to those who tolerate anemic state funding of, or even cutbacks in, public health and healthcare delivery” (Farmer, 2014, pgs.

3-4). If there is a lack of the necessary equipment in cities Farmer asks, what about the majority of the populations who live in the rural portions of West Africa? Many inhabitants of West Africa have never had access to comprehensive medical care, further deepening “the complex relationship between contagion, lethality, stigma, and long neglect” within the region (Farmer, 2014, p.3). The following anecdote contextualizes, particularly for American audiences, how great the disparities in infrastructure are. Farmer says, outside of Monrovia, “paved roads are as scarce as electricity: in 2013, it was estimated that less than 1 percent of Liberia was electrified” (Farmer, 2014, p. 4). He then quotes President Sirleaf of Liberia. She says, “the Dallas Cowboys football stadium consumes more energy each year than the whole of Liberia” (Farmer, 2014, p.4). While still quite telling, Sirleaf’s claim needs to be taken in context, as the claim would only be true if the stadium was on at game-day capacity every day of the year (Chase 2013). Concluding this section of the essay, Farmer illustrates in a pointedly ironic manner how difficult it is to place intravenous lines in patients in the dark to supply the fluids needed for recovery from the virus.

Farmer next recounts his travel to an understaffed Ebola clinic in the rural interior of Liberia. On the surface, the places he visits do not look like much to the Western eye. However, those working within such contexts do the best they can with what they have. That is not to say the workers don’t need more supplies or they wouldn’t benefit from additional training. Farmer is trying to illustrate how infections such as Ebola are not rooted in the different identities of Africans, their “primitive” behavior, or some kind of inherent savagery. In fact, in Farmer’s account, the main difference between African health workers and Western ones is the availability of the means to do their job. Health workers are not “primitive”; they have cellphones and are connected to the world around them. They make a living through informal global trade networks

and remittances sent from relatives abroad. Farmer says of his visit to Liberia's Grand Gedeh County, "it may have looked like isolated rainforest, but the place is connected to the rest of West Africa [and that means it's connected to the rest of the world too]" (Farmer, 2014, pgs. 4-5). While Conrad's Marlow sees "primitive" Africans dancing and shouting, Farmer sees cellphones, soccer balls, and cans of Red Bull, all evidence not of "savagery" but of a global and interconnected culture.

To that end, Farmer argues that the closure of national borders in response to the Ebola outbreak, threats of quarantines, and travel restrictions will not stop the spread of the virus, as "There are no checkpoints or barriers in the forests [and the] day when enclosure might have worked is long gone" (Farmer, 2014, p.5). Farmer's proclamation stands in contrast to those made in the media that call for severing or curtailing ties with West African countries over the threat of spreading the virus.<sup>24</sup> Crucially Farmer states, "the cycle of fear and stigma, amped up by the media, will continue to spiral, even though there's little doubt that the epidemic will be contained in the US, which has the staff, stuff, space, and systems" (Farmer, 2014, p.5). In these stories, the media frequently favors exotic explanations of how Ebola spreads, particularly those that revolve around cultural beliefs and behaviors that are said to spread the virus.

Anthropologists have turned funerary rituals, for example, into "exotic" cultural behaviors that Farmer says are characteristic of late 19<sup>th</sup> century anthropology (Farmer, 2014, p.5). Again Farmer emphasizes that these rites are not suspected in having played a role in any of the Ebola

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<sup>24</sup> Reports of journalists, politicians, and officials purport to sound the alarm over a virus that seemingly cannot be contained. Quarantines are not new to public health practices. They have been practiced for centuries in seaports and other transportation hubs (Kalra et. al, 2014, p.8). As Kalra et. al explains, the novelty of the calls for quarantine in the United States stems from the fact that these calls are made by politicians and not public health officials or members of the scientific community (Kalra et. al, 2014, p.8). For example, many of the lockdowns and quarantines during the outbreak were "being billed as a predominantly social campaign rather than a medical one, in which volunteers will go door-to-door to talk to people" again attributing Ebola as a product of identity rather than of unequal resources (CNN Library 2015).



Outbreaks over the last forty years. He states, “the inhabitants of coastal West Africa have eaten bush meat for centuries and they have prepared the dead for burial without taking precautions to stop transmission of a pathogen like Ebola” (Farmer, 2014, p.6). They have not been constantly plagued by outbreaks of the virus. Farmer concludes the article with some of his recommendations for stopping the current outbreak (and preventing future ones of such a large scale). They revolve around creating better and more stable public health systems that are equipped with the necessary staffing and materials to combat outbreaks of infectious diseases like Ebola. He quotes epidemiologist Larry Brilliant as saying, ““Outbreaks are inevitable. Pandemics are optional”. [And Farmer adds] The eating of bush meat can’t possibly explain the epidemic, but grotesque and growing disparities in access to care – in the context of a globalized political economy – can” (Farmer, 2014, p.6). To remedy such a situation Farmer concludes what is needed is, “Less palaver, [and] more action” (Farmer, 2014, p.9).

## *Chapter 4: Methods*

### *4.1 Database*

Broadly, I substantiated my argument through a content analysis of news articles from various mainstream American media sources, obtaining these articles from the Factiva database. Factiva provides access to full text news articles from with sources from across the globe, with articles available from 1979 – present. Their sources include close to 700 newswires (including 400 that update continuously), more than 3,500 newspapers (many with same-day and archival coverage), and television and radio transcripts along with audio and video coverage (Virginia Tech University Libraries webpage 2016). I used Factiva over other databases because it had more available content. Additionally, because Factiva updates continuously, it is helpful for keeping up with sources as they report on fast-moving stories like the Ebola outbreak.

### *4.2 How I Selected the Articles*

I mapped the major trends regarding the representations of the Ebola outbreak through the literature highlighted above. Now I turn to exploring how these lines of explanation are represented in the U.S. media. My goal is not to make claims about the statistical prevalence of one trend over the other. Instead, the analysis of the articles constitutes my attempt to substantiate the trends illustrated in the literature. While I have tried to standardize the criteria I used to select and analyze these articles as much as possible, there are steps where this may not be doable. I think the pre-existence of these trends in the literature helps to mitigate some of these potential effects. To begin, I used the search term “Ebola”. I did not want to include other search terms like “crisis” or “outbreak” in order to keep my search as impartial as possible.

All of the articles I used originated from a major American news source, and Factiva's pre-set "major source" filter allowed me to find such articles.<sup>25</sup> Within the "major source" filter, I selected the option for "major U.S." sources, allowing me to limit my search to articles published within the United States.<sup>26,27</sup> Second, I did not limit my search to articles that only appeared in a print newspaper so I selected filters that allowed me to include articles that appeared both online and in print, as well as transcripts of major newscasts.<sup>28</sup> In terms of a date range for the sources, I used the date filter to search for articles written between January 2014 and March 2015. As the virus appeared in late 2013, January 2014 represents the point at which the international community and media organizations began to take notice of what was occurring in West Africa and March 2015 represents when the virus was being managed and organizations began to decrease their engagement in the region. These dates were meant to serve as general guidelines, not as definitive markers of when the virus began and ended.<sup>29</sup> Finally, I screened articles for length. I did not include any articles that were under 100 words in length or those over 5,000 words. For transcriptions of newscasts, the maximum article length was 8,000 words.<sup>30</sup> Finally, I applied the region filter, selecting "West Africa". I also did not select specific countries to analyze within West Africa.

My initial search using the above criterion resulted in a pool of approximately 1,300 articles. I will now explain how I winnowed those initial results to a set of about fifty articles

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<sup>25</sup> Factiva initially returns results from major sources across the world, if the researcher does not select a specific regional source filter.

<sup>26</sup> Factiva has an algorithm that determines what the database constitutes as a "major source".

<sup>27</sup> Because Factiva allows a researcher access to so much material, such as local and regional papers across the globe, this filter allowed me to filter through material that would not be useful for this particular project. Though, it would be interesting to later compare results from this project to an analysis of local and regional papers.

<sup>28</sup> Though it would have been a fascinating to analyze more than just print sources (images especially) that sort of undertaking is outside the scope of this project.

<sup>29</sup> When I began this project in fall of 2015, it seemed like health authorities had the virus under control and in early 2016, the WHO declared an end to it in much of West Africa. However, within the last month or so, there have been a number of flare-ups in Guinea and Liberia underscoring the difficulty of getting the number of cases to zero.

<sup>30</sup> I did not keep the maximum article length and transcription length the same because transcriptions tend to have excess word "filler" included in them as many transcribed everything, including commercials.

from which I selected approximately thirty to analyze in-depth. To begin, Factiva includes approximately 110 sources under its major U.S. source filter hence the initially large number of articles. In order to try and condense down the number of articles further, I selected five sources I thought were representative of the general responses to the outbreak. They are *The New York Times*, *The Washington Post*, *The Atlanta Journal Constitution*, *CNN*, and *NBC*.<sup>31</sup>

First, I chose to analyze *The New York Times*, *The Washington Post*, and *The Atlanta Journal Constitution* because they are major newspapers with significant readership and proximity to population centers often with close ties to policy makers. In addition, *The New York Times* and *The Washington Post* frequently devoted a large amount of space, in print and online, to coverage of the outbreak. For example, *The New York Times* website has a section specifically devoted to their coverage of the Ebola outbreak. In addition, *The New York Times* and *The Atlanta Journal Constitution* also provide unique insights into the Ebola Outbreak because of their locations. For example, a hospital in New York City treated an American doctor who contracted Ebola in West Africa. Similarly, *The Atlanta Journal Constitution's* coverage is unique because of the proximity to the Center for Disease Control headquarters and Emory University Hospital, both key locations involved in the response to the outbreak. Finally, I included articles from *CNN* and *NBC* in the search because these sources have a wide distribution and readership. Overall, I tried to select a variety of sources that I thought were generally reflective of a broad cross-section of media outlets.<sup>32</sup> Only looking at these five sources dramatically decreased the overall number of articles.<sup>33</sup>

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<sup>31</sup> All of these sources were included under Factiva's "major source" filter.

<sup>32</sup> I realize I did not include sources from the mid-west or west coast. While a few patients were treated in hospitals in Oklahoma and a few other states, the majority of the already small number of Ebola patients in the United States was treated at hospitals on the east coast. I would have included sources from the west coast if there had been any cases treated there.

<sup>33</sup> At this step, I did not make a specific distribution of the articles from these five sources, but I ended up with approximately three-quarters fewer articles than I started with.

Now I will explain how I condensed the number of articles down even further. After applying the filters researcher wants, Factiva returns a results screen with basic information about the articles such as its source, author, length, a brief description of the article, and date it was published. To further narrow down the amount of articles I analyzed, I went through and read the brief two to three sentence accompanying description to the articles. It was obvious from the description that some of the articles only mentioned Ebola in passing or in the context of something else and it was not the focus of the article. Ultimately, I was looking for articles that were written with the Ebola outbreak as their sole subject. Many of the articles not written with the outbreak as their sole subject were less than 250 words, so I omitted them. Additionally, as I was reading through the article descriptions, it became apparent that many articles were redundant, so I choose to omit them as well; taking care not to exclude more from one source than from another.<sup>34</sup> Applying these additional criteria also dramatically decreased the numbers of articles, leaving me with approximately 100 articles. This is the step where I think the most bias could have been introduced as my judgment on what constitutes something being the sole subject of investigation may differ from someone else's. However, I think because the goal of this project was to identify broad trends and not to make specific statistical claims, this kind of bias is less relevant. As I mentioned in the beginning of this chapter, I am more interested in investigating continuities between the literature, or my population, and my articles, or samples, and how they can be applied to the Ebola outbreak rather than undertaking a strict statistical analysis that seeks to make inferences from the data at hand.

Finally, I went through the remaining articles and categorized them by the date they were published. For example, I had a category for “January 2014”, “February 2014”, “March 2014”,

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<sup>34</sup> As I was doing this, I was “bookmarking” and saving articles I thought would fit the criteria I established. Saving the articles allowed me to export them to PDF files and print them out for later use.

and so on. Here, it is important to note that the articles were not equally distributed by time. Some months had very few articles and others had more. In general, however, the number of articles grew as the number of cases grew, as news cycles typically progress. This is another juncture where I eliminated more articles by removing any articles from months that had many more articles than others by again checking for redundancy. Essentially, I wanted categories with approximately the same number of articles in them, if possible.<sup>35</sup> This step brought me closer to seventy-five articles. Then I eliminated articles that included audiovisual material as a part of the piece. By this I mean articles that included a video along with the text of the article. For the purposes of this project, I excluded this kind of material.<sup>36</sup> After applying these final criteria, I ended up with approximately fifty articles.<sup>37</sup>

In order to decide which articles I would analyze in-depth, I began by reading through the articles in my data set. During this reading, I tried to be as thorough as possible, reading each article and drawing connections to the literature I examined in chapters one and two. This was not a linear procedure and I ended up using more of some articles than of others as my thinking evolved over the course of the process as I did not read these articles thinking I must use “x” amount of material from each. I also tried to read the articles in comparison to one another, looking for any overlap or outliers in relation to the trajectories presented in the introduction. Finally, I thematically parsed out the remaining articles, recording the relevant quotes and phrases in a spreadsheet. The two main themes I ended up with were “place” and “people” with varying subcategories. Then, when it came time to organize the articles to write the analysis chapter, I was able to draw on the needed portions of the articles using about thirty in total.

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<sup>35</sup> However, in this step, I did make note of these “outlier” categories as I think they are representative of possible critical junctures in the timeline of the outbreak.

<sup>36</sup> Nevertheless, video analysis has the potential to add depth and complexity to future projects.

<sup>37</sup> I have included these articles in the reference section.

### *4.3 Limitations and Biases*

Overall, there is the potential for this study to be hindered by a sort of selection bias, or the potential that I “fished” for the desired results. While this is possible, I limited the potential for this by finding articles using a database in an effort to introduce some measure of standards to my study. The outcomes of my study could also be altered by length of articles I selected and the time frame in which they were written. However, it is not so much my goal to make statistical claims from these sources, as it is to better illustrate previously known ideas and trends. To that end, it is also not the goal of this project to interpret local’s reactions to certain policies or provide any anthropological interpretations of the Outbreak.

Additionally, the Outbreak took place in the context of a changing media landscape. The rapid growth of “non-traditional” media sources on mobile platforms like smartphones and tablets have increased the pressures on “traditional” paper-based outlets to keep up with the ravenous demand for content across a variety of platforms. This is coupled with a decrease in demand for print papers (Sasseen et. al. 2013). There could be a few ramifications I see as a result of this increase in demand. First, there is a massive increase in the number of articles published about any given subject. Therefore, one could also argue this leads to variation in the quality of writing. Relatedly, there is a truism that states something along the lines of “everyone with a cell-phone camera can be a journalist”. This type of reporting on the outbreak deserves it’s own research as I think it could provide fascinating micro-level analyses of the stories of the people directly effected by Ebola. This is also why I excluded audiovisual materials, as I wanted to keep my analysis on the macro-level. Yet, while the growth in mobile sources means news is more widely available and faster than ever, “the U.S. audience still turns to the legacy newspapers, TV stations, and cable channels they have long known. Strong brands with solid

reputations still matter” (Ibid). This is another reason why I picked the sources I did. They all are well-known and reputable papers.

In addition to the growth in mobile media, there is also evidence the American media is becoming more divided along partisan lines. When I was selecting my sources, I did not explicitly keep the partisanship of the paper in mind. I wanted to keep them as “mainstream” as possible.<sup>38</sup> To that end, I tried not to include articles that were explicitly marked as blog or opinion/editorial posts. First, I felt that blog posts were too much of an “informal” medium for this project, as I wanted to stick to what most consider traditional print media sources. Opinion and editorial pieces are in an inherently ambiguous category. My idea of what constitutes one of these types of pieces could be different than someone else’s. Additionally, there is no agreed upon standard category by which they can be categorized, leaving the label open to contestation. Moreover, I think it is important to reiterate that in identifying these trends, I am not attempting to privilege one over the other. This is important because one could argue the trend I identify as undertaking a structural and social analysis is not “objective” as it seems because it is presenting information from a Western standpoint.

To conclude, it is important to also elaborate on the relationship between partisanship and media consumption habits. According to a study done by the Pew Research Center on “Political Polarization & Media Habits” (Mitchell et. al. 2014), respondents who identify as politically liberal are more likely to glean their daily news from a variety of sources than those who consider themselves conservatives.<sup>39</sup> Additionally, the majority of those survey respondents in that survey fell within one to two points of center on the ten point ideological scale used to

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<sup>38</sup> Of course, my ideas of “mainstream” may differ from others.

<sup>39</sup> Pew researchers measured this by administering a series of ten survey questions to gauge whether respondents identify with liberal or conservative positions across a variety of issue platforms. More information can be found in Appendix A of the study, entitled “Political Polarization in the American Public”.



measure partisanship.<sup>40</sup> According to the study, the average reader ranks at about a negative one. Finally, a majority of sources the researchers used, including many of the national sources included in this project, fell within a point or two on either side of the “average viewer mark” (Mitchell et. al. 2014). Few respondents were recorded as getting their news from what are categorized as extremely partisan sources. *The New York Times* is the most liberal paper used in this project with a score of negative five. *The Washington Post* scores about a negative three. *CNN* and *NBC* both score about a negative two (Mitchell et. al. 2014). Finally, *The Atlanta-Journal Constitution* does not appear on this scale, as it does not have nation-wide circulation. However, I would think its coverage would tend towards the more conservative side.

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<sup>40</sup> A score of “-10” represents a consistently more liberal audience. A score of “10” represents a consistently more conservative audience.

## *Chapter 5: Analysis*

### *5.1 Chapter Outline*

In this chapter I examine evidence from the sources presented in the previous chapter in order to substantiate the identified trajectories. In the first section of this chapter, I illustrate articles that construct Ebola as a product of a “primitive” African identity. I then transition to a discussion of how as a result of these identity constructions, media sources and policy makers often call for a securitization of the outbreak. Next, in the second portion of the chapter, I examine articles that undertake a societal and structural analysis of the Ebola outbreak. It is important to note that the articles in each of these sections are not in any chronological order. Additionally, as one may notice, there are not an equal number of articles in each section. This was not on purpose, as the criteria I used to select them did not return them in equal numbers. However, as I do believe the proportions of articles could change depending on the search criteria used, the articles included in this section tend to skew towards articles favoring identity constructions. Again, this is not to make a claim to point out the prevalence of one over the other.

### *5.2 Ebola as a Product of a “Primitive” African Identity*

Frenzied and wild like the monkeys they are constructed to be, the association of Africans with animals is a longstanding one. An August 2014 *Newsweek* article prominently entitled, “Smuggled Bushmeat is Ebola’s Back Door to America” goes on to detail, through various colorful descriptions of “sneaky” backroom deals in West African immigrant communities in the U.S., how the sale of bush meat will be the avenue by which Ebola arrives in the U.S. The article then cites a report that names bush meat as a possible vector for various diseases such as Ebola. Immediately after citing the report the article says, “Seven years later, the

worst Ebola epidemic in history is ravaging West Africa” as if the epidemic was to be expected as a result (Flynn 2014). A 2015 *Washington Post* article seems to emphasize the idea that an outbreak was also inevitable. Brittain writes, “Deep within the forest region of Guinea, a tall, charred tree trunk stands at the edge of this village” which locals later learned housed the likely vector of the Ebola virus, fruit bats (2015). In an attempt to eliminate these bats, she describes how the villagers, “took dry leaves and grass, set them afire and watched as the flames engulfed the trunk. The bats dropped to the ground, dead. But it was too late to prevent what would become the worst Ebola crisis on record” (Britain 2015). Despite the actions of the village, it was too late to prevent what was already constructed as the inevitable.

Another article in *The Washington Post* admonishes West Africans for failing to heed the advice of medical workers about not consuming bush meat. It states, “uneducated [villagers] have sometimes been more inclined to blame the presence of medical teams for the spread of the virus, rather than bush meat or contact with sick friends or relatives” (Phillip 2014).<sup>41</sup> The article concludes “one might think that fear of the unknown might compel Africans to avoid the meat at all costs, at least until the outbreak has passed. But it likely hasn’t”(Phillip 2014). But what can be expected, as Hegel and others have argued, of those “primitive” peoples still mired in a state of nature? A 2015 *Washington Post* article echoes some of these themes. Brittain writes, “In the remote forest region of Guinea, the lack of education about how Ebola spreads – through bodily fluids from the ill, or transmitted during traditional burial ceremonies – was particularly worrisome” (2015). Despite what is said to be a lack of knowledge on how the virus spreads, the article still attributes Ebola as a product of a “primitive” identity. It continues and states,

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<sup>41</sup> To reiterate, as the CDC and other authorities have noted, while the consumption of or contact with bush meat may have resulted in the initial case, “subsequent transmission has been entirely human to human” (Wilkinson and Leach, 2014, p.3).

“oblivious” to the risks, “Residents [of Guinea] continue to hug, kiss and shake hands freely” (Brittain 2015). To point out how egregious the writer perceives this to be, she includes a statement from a regional director of an aid group that emphasizes this observation. He says that the residents of Liberia in areas affected by the outbreak learned not to shake hands and hug in order to try and prevent the spread of the virus. However, he argues that shift hadn’t occurred in Guinea as residents, constructed as childlike and obviously unaware of the dangers these actions pose, continued to do so (Brittain 2015).

An article in *USA Today* recalls the experiences of Dr. Ian Crozier, a Vanderbilt University-trained infectious disease specialist who contracted the virus while treating patients in Sierra Leone. The article says of Dr. Crozier’s time working in Sierra Leone, “He kept working through its [the Ebola Outbreak’s] darkest days” (Wilemon 2015). When children Dr. Crozier and others were treating “came back to life”. The article quotes him as saying, “we spent time joking with them and dancing with them. I’m sure it sounds strange in such a grim setting” (Wilemon 2015). Instead of investigating the varying social and political realities of the peoples in question, the media constructs a narrative using vocabularies of difference and subsequently constructs imaginative tales of “primitive” Africans still “enveloped in the in the dark mantle of night” (Hegel, 1956, p. 91). As a counter-point to these stories of “hopelessness” and despair, sources often intersperse moments of levity that are constructed in a manner designed to illustrate the generosity of the West. A *Washington Post* article presents an image of the now former United States ambassador to Guinea Alex Laskaris “being sprayed down with a chlorine solution [typically used as a medical disinfectant] to show villagers that it was harmless” (Brittain 2015). He says of his experience being sprayed down with the solution, “I may have smelled like the pool at the YMCA, but that’s okay” (Brittain 2015). Like Kipling’s call to the

West to send forth their best in the service of empire, “no matter the judgment of peers”, the ambassador seems to make due to show the villagers that everything was alright (History Matters, n.d., The “White Man’s Burden”: Kipling’s Hymn to U.S. Imperialism”). The article does not include the fact, as Farmer mentioned previously, that many people in West Africa have never had access to comprehensive medical care, something many of those in the West often take for granted.

From Hegel to Conrad and Kipling, and now the U.S. media, the above stereotypical characteristics frequently ascribed to Africans combine to form an impression that infectious diseases such as Ebola are a “fact of life” in Africa. On the surface, Ebola seems to be just another mortality problem in areas already “ravaged” or “brutalized” by disease (CNN Library 2015). Compounding this is a tendency to write about Africa as if it were a country, “rather than 54 distinct countries occupying an 11.7-million-square mile landmass” (Dionne and Seay in Gronke, 2015, p.6). A 2014 *New York Times* article by Adam Nossiter illustrates this idea. Nossiter, *The New York Times* West Africa bureau chief, writes, “Health officials say the challenge of containing the outbreak has become more acute. Ebola has killed hundreds in rural Central Africa over the past four decades, but it is unusual for it to reach urban centers” (Nossiter 2014). Because many Americans possess poor geographical knowledge of Africa, it is plausible one could conceptualize Central Africa as a “country” and Nossiter’s mention of “urban centers” as its cities. The article also seems to pose a question to its readers. If Ebola is capable of affecting urban centers in central Africa, what is to stop it from doing the same to urban centers in the West?

Depictions of Ebola as a “natural” part of life in Africa are particularly exaggerated when compared to the availability and quality of care in the West. A 2014 article from *The Atlanta*

*Journal Constitution* recounts the story of Kent Brantly, an American missionary physician who contracted Ebola while treating patients in West Africa. A doctor at Emory University hospital who treated Brantly told him “he had a better chance of survival here [in the United States] than in Africa” (Schneider 2014). This sentiment is echoed by another article written for the paper that states, why Brantly and Writebol (a missionary nurse who also contracted Ebola) were sent to Emory for care, as “the care in Africa was so poor, and the care here [in the U.S.] so good” (Williams and Hart 2014). While this is likely true, emphasizing such disparities in levels of care casts care in Africa in a sort of “hopeless” light, just as Kaplan wrote of his acquaintance, the “hopeless” and nameless African minister.<sup>42,43</sup>

Because Africans are frequently constructed stereotypically in the Western imaginary, the advent of an outbreak of disease attributed to those identities is likely to stir reactions as Dionne and Seay argue how the “Ebola outbreak highlights ethnocentric and xenophobic understandings of Africa” (2015, p.6). An *Atlanta Journal Constitution* article quotes David Lockhart, the mayor of Forest Park, Georgia, as saying, “That’s ludicrous [talking about the military putting a biosafety lab in his city]. You’re putting them there because you think they might have (the virus)...I simply cannot trust our government officials to tell us the truth... We do not need to allocate Fort Gillem space to the Ebola virus. We don’t need to put our own residents at risk” (Joyner 2014).<sup>44</sup> Why should Americans allocate space to help this African “other”? Why do

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<sup>42</sup> Neither does this portrayal assist in attracting potential international donors who are often want to invest in “cost effective” models of prevention and care necessary to combat such an outbreak (Farmer 2014, p. 3). No investor will give money to a cause that the “metrics” say will not provide a good return (Ibid).

<sup>43</sup> Additionally, these narratives are often conflated disparities in care with racial biases, as if only white Westerners were the ones able and “deserving” of care. The American media compounded these portrayals by publishing countless stories and portraits of European and American missionaries.

<sup>44</sup> A bio-containment unit was later built to receive incoming patients confirmed to have Ebola at Dobbins Air Force base, north of Atlanta, Georgia (Glatter 2015).

they deserve our resources? “They” might have the virus. To Lockhart and other policy makers, even conceiving of helping is “ludicrous” as they might put themselves at risk.<sup>45</sup>

However, to others it seems that action is needed to prevent the virus from escaping West Africa, as the “primitive” Africans do not seem to understand what is at stake. Ebola cannot be allowed out of West Africa. A *Washington Post* article from March 2015 on the massacre of Ebola aid workers in Womey, Guinea begins with this ominous introduction, “The lecture about the dangers of Ebola had just begun, but the village had heard enough. A group of women started chanting, to warn the others against the visitors, ‘They are coming to kill you.’ A mob of men masked their faces, waved machetes and rushed towards the speakers”. A stereotypical drumbeat is nearly audible as she completes this arc towards a violent resolution. One can almost hear Conrad’s Marlowe as he describes an approaching group of Africans: the canoe “was paddled by black fellows...they shouted, sang; their bodies streamed with perspiration” ready to fight anything in their paths (Conrad, 1996, p.28). In the article, the unnamed men, armed with machetes, threaten to disrupt the regime of “civilization” being brought by the health workers. The “primitive” African other is fighting back, something unexpected.

The death of these health workers is only the beginning. Without some sort of intervention, chaos will ensue. In an *NBC* interview conducted in August 2014, a Liberian journalist is quoted as saying, “People have been warned not to play with dead bodies. And so the bodies were just dropped everywhere around the city” (Williams and Snow 2014). These descriptions resonate with Hegel’s portrait of the African people. If as for Hegel, Africans have little regard for human life, what else is to be expected? (Hegel, 1997, p.133). At this juncture, *Heart of Darkness* again provides an interesting point of comparison to the narratives at play in

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<sup>45</sup> The Ebola Outbreak also produced a wealth of conspiracy theories. Yet one has to wonder why there is such fear and stigma surrounding the Ebola Outbreak when the CDC has the ability to commit \$145 million to state and local officials to improve domestic preparedness (Mufson and Ellperin 2015)?

the Ebola outbreak. Upon seeing the dead and dying bodies of slaves at the Outer Station in the “grove of death”, Marlowe says, “They were nothing earthly now – nothing but black shadows of disease and starvation, lying confusedly in the greenish gloom...they sickened, became inefficient, and were then allowed to crawl away and rest” (Conrad, 1996, p.32). In both of these scenes, the reader is led to believe that death is a “normal” part of life in Africa. Slave and patients alike, they leave this world as bodies void of name and history. A number is often the only identifier they are given, if they are even that lucky. Many are dumped into mass graves. Some are left to rot where they died in the lanes and streets (Williams and Snow 2014).

### *5.3 Strategies of Securitization*

Handling an outbreak of such a virulent and deadly disease, in the eyes of many in the West, is a task that cannot be left up to West African governments; after all, infectious bodies were left to decompose in the streets, “proving” true their constructed “primitive” identities.<sup>46</sup> No “civilized” government would let such a thing occur, thereby necessitating strategies of securitization. In an *NBC Nightly News* interview anchor Brian Williams interviews an American colonel deployed with the U.S. mission in West Africa. He says in a matter of fact tone about their deployment, “We’ve done it in Haiti several times. We’ve done it in South America. We’ve done it in Africa before” and it’s time to do it again (Williams and Snyderman 2014). Operation United Assistance, the U.S. military mission in response to the Ebola Outbreak, included approximately 2,800 troops (Reibestein 2015). The broad goal of the mission was to support the actions of USAID and other aid related organizations in building transportation infrastructure and constructing treatment centers. Troops also “placed four mobile Army testing labs in remote

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<sup>46</sup> West African heads of state such as President Johnson Sirleaf of Liberia did request the assistance of the U.S. government, but not the explicit deployment of troops. In a visit to the White House in February 2015, she stated, “We know this may not have been welcomed by...some...but [the troops] made a critical difference in sending a strong message to the Liberian people that the United States was with us” (Pellerin, U.S. Department of Defense, 2015, “Liberia’s President Thanks Obama, Carter for Ebola Aid”).



locations to better test blood samples of possible Ebola patients” and trained approximately 1,500 medical workers in Liberia (Tan 2015). In charge of the mission was the 101<sup>st</sup> Airborne, one of the Army’s most decorated divisions with a storied legacy that dates back to World War II (Tan 2015). The officers of the 101<sup>st</sup> Airborne are some of the best trained and well equipped in the Army. After all, on September 16, 2014, in a speech about the outbreak, President Barack Obama illustrates “how the world is looking to the United States” for leadership in combatting the virus (CNN Library 2015). Likewise, an article from *the Washington Post* in 2015 praises American troops returning from “Ebola Duty” (Mufson and Ellperin). A White House statement quoted in the article states, “[The response] showcased American leadership at its finest on the world stage, just as we came together as a nation to fortify our domestic resilience in the face of understandable apprehension...our tasks are far from complete; we will keep working to meet this challenge until there are zero cases in West Africa and our domestic infrastructure is complete” (Ellis 2015). However, there are reports on the conflicting success of the American mission to West Africa.

Because treating Ebola requires a well thought out response, it is logical that the United States would endeavor to send some of the best it has to offer. As American military spending dwarfs that of other countries, it is feasible to believe they would receive the best training in the world before they deployed. Though only a small portion of the troops are in direct contact with Ebola patients, they are reports that many only received as little as four hours of training on how to prevent infection (Mak 2014).<sup>47</sup> Digging a little deeper, military sources refute this claim stating that deployed troops go through a comprehensive four-phase training plan (Woods 2014).

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<sup>47</sup> A U.S. State Department contends that U.S. military teams “operated more than 190 burial teams in the region” (U.S. Department of State, “Response to Ebola Virus”, 2015). I was unable to find statistics that illustrated the proportion of U.S. troops to their assigned tasks. Whatever the breakdown, existence of conflicting reports raises important questions on the efficacy of the U.S. response to Ebola, a question ultimately outside the scope of this project.

Still, how does this training compare to the doctors and nurses who have undergone years of schooling devoting their lives to the study of infectious diseases like Ebola? Could these troops serve as a hindrance to the much needed doctors?<sup>48</sup> Moreover, why would the United States risk some of the best soldiers it has to offer in an area of arguably little strategic importance? While it does have interests in combatting Boko Haram in Nigeria and Islamist groups in the Sahel, West Africa presents little opportunity to advance U.S. interests. Moreover, the Ebola outbreak began in a year already punctuated by humanitarian crises in Syria, Iraq, the Central African Republic, South Sudan, and outbreaks of disease such as MERS-CoV, polio, and avian influenza, contributing to a sense of response fatigue (Saving Lives: The Civil-Military Response to the 2014 Ebola Outbreak in West Africa, 2016, p. 6). As Mark Duffield has argued in works such as *Global Governance and the New Wars: The Merging of Development and Security* (2001) development and humanitarian work are no longer strictly the purview of aid organizations. It is now the job of militaries to prevent humanitarian disasters at their sources before they can affect the Western world.

What if the efforts of military troops weren't enough to stop the spread of Ebola? As other sources have shown previously, Ebola is constructed as a "natural" part of life in Africa. Can identity be "fixed"? A 2014 article in *The Atlanta Journal Constitution* highlights the "exotic" nature of the Ebola virus. The article quotes a spokeswoman from the CDC who says, "Ebola, because it's an exotic disease and something that's rare – certainly unknown here in the United States – it can be frightening" (Williams and Hart 2014). Exotic, unknown, frightening, and "other", an *NBC Nightly News* telecast says of the virus, "And here's the problem for Americans, in the jet age the spread of a dangerous illness like Ebola is no longer someone else's

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<sup>48</sup> It took most NGOs three to five weeks to construct temporary medical facilities, whereas it took militaries about three months (Saving Lives: The Civil-Military Response to the 2014 Ebola Outbreak in West Africa, 2016, pg. 15).

problem” (Williams and Snyderman 2014). What was “then [an] unnamed disease...[only] killing central African villagers” is no longer so (Bentley 2014). The disease of the exotic other has broken free from its refuge in the borderlands and it must be stopped. Presidential candidate Donald Trump tweeted, “The U.S. cannot allow EBOLA (sic) infected people back...[they] must suffer the consequences” (Mazza 2014).<sup>49</sup> In Trump’s narrative, Ebola is no longer just a disease. It is a marker of a “diseased” identity so other and foreign the people it marks are no longer deserving of care and attention and “must suffer the consequences” it may bring. Paul Farmer provides a counterpoint to this narrative as he has argued the “emergence” of Ebola is a question of our social consciousness and must be thoroughly explored instead of reduced to stereotypical constructions of identity (1996, p. 262). I’ll now present sources that undertake such an analysis.

#### *5.4 Social and Structural Analyses*

The Ebola Outbreak occurred in the context of a region that was already struggling under the weight of numerous challenges to its health systems. The articles in this section attempt to illustrate the complex nature of the situation. To better situate these articles, more background is necessary as Liberia, Guinea, and Sierra Leone are three of the poorest countries in the world. Their resources “have long been extracted for elite and foreign profit – as opposed to being developed for the majority of their populations” thereby contributing to the discrepancies in infrastructure many experts believe responsible for the particular virulence of this outbreak (Wilkinson and Leach, 2014, p. 2). To cite a statistic previously mentioned by Paul Farmer, “there were fewer than fifty doctors [in Liberia] working in the public health system in a country of more than four million people, most of whom live far from the capital” (2014, p.2).<sup>50</sup>

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<sup>49</sup> The article also includes another quote from Trump saying he would ban all flights from the area, so the “plague” as he terms it could not spread within “our” borders.

<sup>50</sup> A 2013 WHO report provides more detail on the extent of these inequalities across the region’s health systems.

According to Farmer's analysis, the resources exist to combat Ebola. However, due to lagging distribution efforts by aid agencies, the task at times seems difficult as "We've met the enemy, and he is us...[governments, policy makers, and health officials] the ones asking for those resources and misdirecting them" (Igoe 2014). The Ebola virus is a disease that Farmer, an infectious disease specialist, argues with the available palliative care, up to 90 per cent of patients can be cured (Farmer, 2014, p.3). Again, Ebola is not a disease that spreads as a result of a particular identity but as a result of largely socially determined disparities.

A 2015 *Washington Post* article illustrates some of the difficulties in testing for infectious diseases in settings without enough resources (Sun). Specifically, the article focuses on a pilot program by the CDC in Uganda intended to serve as a model for others across the continent. Before the program, Uganda had limited capabilities to test and detect diseases like Ebola. For instance, the tests were only available in certain parts of the country. After the program, "Uganda [now] has a network operating across the country to test patients for a range of pathogens and transport samples by motorcycle to provincial capitals, where the samples are sent by overnight mail to state-of-the-art labs in Kampala" (Sun 2015). Instead of describing a dark and dangerous jungle or dense bush as an obstacle to infectious disease prevention, the article illustrates how Ugandan and CDC officials came up with a solution to a weak transportation infrastructure. Additionally, rather than attributing the spread of infections such as Ebola to the "ignore" of locals, a 2015 article in *The Washington Post* illustrates the work of contact tracers, or "health officials or volunteers [who] go to the homes of all the people who had direct contact with an Ebola patient [and write down their names and monitor them for 21 days]" and the crucial role they play in infection control (Dennis and Sun 2015). Also quoted in the article is an operations coordinator for Doctors Without Borders. He says, "You really need to follow the trail, the

epidemiological puzzle” (Dennis and Sun 2015). However, it is sometimes difficult for the contact tracers do their job because, “across the region, reliable Internet and cellphone coverage is lacking, and reliable electricity and roads are scarce” (Dennis and Sun 2015).

Another 2014 *New York Times* article illustrates the process of infection control. As Farmer mentioned previously, many people in West Africa have never had access to comprehensive medical care, something many of those in the West often take for granted. The article states, “Outbreaks are contained by isolating the ill and making sure that those treating them wear gloves, masks, goggles, hazardous material suits and other barriers against infection” (McNeil Jr. 2014). Likewise, he does not discuss how victims of the disease hemorrhage from every orifice in their body (something that happens only in the most extreme of cases). Instead he says, “there is no cure, but many patients survive with supportive care” (McNeil Jr. 2014). A diagnosis of Ebola does not have to be a death sentence. To reiterate Farmer’s point from earlier, he says, “If patients are promptly diagnosed and receive aggressive supportive care – including fluid resuscitation, electrolyte replacement and blood products – the great majority, as many as 90 per cent, should survive” (Farmer, 2014, p. 3). A 2015 article from *The New York Times* approaches the subject matter in a way not usually done. It cites a recent study that finds Ebola victims are still infectious up to a week after their deaths. Instead of talking about bodies dropped in the streets, the article illustrates how, according to the rules of infection control, “teams dressed in full protective gear [should] spray down the body with bleach, put it in a body bag and then either cremate it or bury it deeply. At the funeral, family members are allowed to view the body but not to touch it” (McNeil Jr. 2015). There is no mention of a prohibition on “playing with dead bodies” (Williams and Snow 2014). Instead of attributing Ebola to a

“primitive” identity, these articles discuss the very real difficulties people on the ground have in combating the Ebola Outbreak.

Finally, a *CNN* article from March 2014 included a statement from a UNICEF representative to Guinea, Dr. Mohamed Ag Ayoya that now proves to be quite telling. He said, “In Guinea, a country with a weak medical infrastructure, an outbreak like this can be devastating” (Fombou and Capelouto 2014). Close to two years later, some of these consequences of the outbreak are coming to light. A *Foreign Policy* article mentions a study done by the United Nations Development Program that cites a 65 percent increase in teen pregnancy in Sierra Leone during the outbreak that resulted from an increase in gender based violence (Yasmin 2016).<sup>51</sup> Compounding the effects of this increase in teen pregnancy is a Sierra Leonean law that prohibits pregnant girls from attending school altogether (Yasmin 2016). Additionally, “Teenage mothers are more likely to suffer health complications such as prolonged labor and vaginal fistula or to die during childbirth. Children born to teenage mothers are also more likely to die in infancy” (Yasmin 2016). The article concludes by again turning to the lack of public health infrastructure present in the region. Without it, the article argues, “countries are at higher risk of future epidemics – and the subsequent gender-based violence directed against girls and women” (Yasmin 2016). While Ebola is largely out of news cycles in the U.S., governments and organizations in the region wait to see what happens next. As I discussed at the beginning of chapter two, aid organizations are gathering evidence that already illustrates the disproportionate effects of the outbreak on women and girls in the region and as cases are still being reported, it is likely the full extent of the impacts will not be known for some time.

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<sup>51</sup> The statistic is not representative of Sierra Leone as a whole, only certain districts. The full UN report is linked in the *Foreign Policy* article.

## *Chapter 6: Conclusion*

### *6.1 Ebola and the “Outbreak Narrative”*

This thesis has explored representations of Africans in the American media coverage of the 2014 Ebola outbreak along two trajectories. First, I hypothesized sources that prefer “othering” stereotypes of Africans in their coverage frequently favored “securitized” solutions because of a subset of literature that links identity, geography, and infectious diseases constructing an image of an “infectious other” (Harrison 2014). In this construction, diseases are seen as a product of a “primitive” identity that is threatening to Western safety and security, rather than as a product of an unequal distribution of resources. In the second trend, I explored this unequal distribution of resources more in depth. I hypothesized sources that undertook a societal and structural analysis of the outbreak favor approaches aimed at improving access to health care for the affected populations, largely drawing on the work of Paul Farmer.<sup>52</sup>

“Othered” from “civilized” and healthy populations, the American media often constructed Africans in the Ebola outbreak, not as people deserving of help, but as threats because of who and what they are perceived to represent. Fear of the infected and uncontrollable African other escaping from “primitive” and diseased refuge in the jungles of West Africa struck a chord in the Western imaginary. Priscilla Wald’s “outbreak narrative” is a useful lens for framing how this narrative played out as it illustrates how stories surrounding infectious diseases

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<sup>52</sup> There are a number of ways one could approach some of the issues presented in the project. I chose a perspective that investigated how the American media represented the Africans. For a future project, I would expand the work done here to also investigate how West African sources reported on the Ebola outbreak; using similar trajectories to those I have identified here in order to provide a comparative perspective. I also think it would be interesting to do a time series analysis of different words and phrases to get a more comprehensive picture of how the coverage of the outbreak may have changed over its duration. Additionally, I would expand the project to include images of the outbreak. Finally, to further bolster this comparative perspective, I’d also like to conduct a survey (or create some other mechanism) to measure both American and West African perceptions of the Ebola Outbreak as they have changed over the duration of the outbreak. I would try to design it similarly as to investigate themes similar to those found in the articles.

are socially constructed according to a formulaic plot (2008, p. 2).<sup>53</sup> She argues the “emergence” of Ebola and subsequent outbreaks of disease have constructed Africa as the supposed “birthplace of humanity, civilization, and deadly microbes” in popular culture (Wald, 2008, p.45). The more Ebola “emerges” the more stereotypes of Africans become ingrained. Additionally, she argues, “As epidemiologists trace the routes of the microbes, they catalog the spaces and interactions of global modernity” (Wald, 2008, p. 2). As Ebola reached the “urban centers” of Central Africa, so to it extended its reach beyond the jungle to a global public audience, as it was no longer just “[an] unnamed disease...[only] killing central African villagers” (Nossiter 2014 and Bentley 2014).

As news cycles in the U.S. have largely moved on from Ebola as the object of their fascination, it seems at times as if the virus has disappeared. Largely immune from its effects from a position of privilege in the west, Ebola, to many, is just one of those diseases borne out circumstance from an existence in one of those “far away places,” only occasionally important when it effects the United States. The WHO’s proclamation of the end of Ebola as a PHEIC on March 29, 2016, largely a symbolic move, marks the end, but not the disappearance of the virus as cases of it continue to be reported (WHO Ebola Situation Reports 2016).

As the Zika virus seems to have taken the place of Ebola in American public consciousness as the next big disease and the next “threat”, one has to wonder however, where are the calls for quarantines and travel bans for those potentially affected by Zika? Travellers to and from Latin American don’t have to enter the United States only from designated airports, as was the case during the Ebola outbreak. Patients largely weren’t treated as biological terrorism risks and as a product of a diseased and “primitive” identity, rather as people, deserving of care.

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<sup>53</sup> However, Wald’s outbreak narrative is not meant to serve as an explicit blueprint for this project as it is, at times, overly simplistic in the constructions of the stories it seeks to illustrate.



To try and end this project with some sort of resolution I think would be inappropriate, as I have neither the experience nor the knowledge to do so. What I have argued for is a more careful reading of the texts that help to create and shape the worlds in which we live. Therefore, I think it only appropriate that I end with the text I began with, not as some sort of warning or premonition, but as an example to illustrate the importance of understanding how what we say shapes how we act. When Marlow comes upon a pamphlet written by Kurtz, he is awed by what he finds. Composed by Kurtz for the “International Society for the Suppression of Savage Customs”, Marlow recounts to his friends travelling on the Thames the words he now finds so ominous (Conrad, 1996, p.66). He says, “it was very simple, and at the end of that moving appeal to every altruistic sentiment it blazed at you, luminous and terrifying, like a flash of lightening in a serene sky: ‘Exterminate all the brutes!’” (Conrad, 1996, p. 66). Like the metaphorical town of Cedar Creek, California in the movie *Outbreak*, almost bombed to prevent its citizens from spreading an Ebola like virus, Kurtz’s solution to the “native” problem is a similar one. Pushed to the edge, what remained was the “unbounded power...of words” (Conrad, 1996, p.66).

## References

- Achebe, C. (2011, July 15). Chinua Achebe: 'Heart of Darkness' is inappropriate. *NPR Books, Author Interviews*. Retrieved from <http://www.npr.org/templates/story/story.php?storyId=113835207>.
- (1975). An Image of Africa: Racism in Conrad's *Heart of Darkness*. Retrieved from <http://english.gradstudies.yorku.ca/files/2013/06/achebe-chinua.pdf>.
- Abrahamsen, R. (2005). Blair's Africa: The politics of securitization and fear. *Alternatives: Global, Local, Political*, 30(1), 55-80.
- Bentley, R. (2014, December 27). Public safety: Nearly 40 years ago, Ebola arrived in Atlanta: CDC researchers from that time tell of making their ominous finding. *The Atlanta Journal Constitution*. Retrieved from <http://www.ajc.com>.
- Berman, M. (2015, February 3). 'Not every vaccine is created equal.' When politics and public health outbreaks meet; What happens when politicians speak during public health crises. *The Washington Post*. Retrieved from <https://www.washingtonpost.com/news/post-nation/wp/2015/02/02/when-politics-and-public-health-outbreaks-meet/>.
- Benton, A., & Dionne, K. Y. (2015). International political economy and the 2014 West African Ebola outbreak. *African Studies Review*, 58(1), 223.
- Bhabha, H.K. (1994). *The location of culture*. New York: Routledge.
- Brickman, C. (2003). *Aboriginal populations in the mind: Race and primitivity in psychoanalysis*. New York: Columbia University Press.
- Buzan, B. (1983). *People, states, and fear: The national security problem in international relations*. Chapel Hill: The University of North Carolina Press.

- Buzan, B., Waeber, O. and de Wilde, J. (1998). *Security: A New framework for analysis*  
Boulder: Lynne Rienner Publishers.
- Brittain, A. (2015, March 1). Village by village Sept. 16, 2014 aftermath. *The Washington Post*. Retrieved from [https://www.washingtonpost.com/world/africa/the-fear-of-ebola-led-to-murder--and-a-whole-village-was-punished/2015/02/28/a2509b88-a80f-11e4-a162-121d06ca77f1\\_story.html](https://www.washingtonpost.com/world/africa/the-fear-of-ebola-led-to-murder--and-a-whole-village-was-punished/2015/02/28/a2509b88-a80f-11e4-a162-121d06ca77f1_story.html).
- (2015, February 6). Guinea, where Ebola crisis began, hopeful for an end. *The Washington Post*. Retrieved from [https://www.washingtonpost.com/world/africa/guinea-the-ground-zero-of-the-ebola-outbreak-now-hopes-the-end-is-near/2015/02/04/2f54a102-a64c-11e4-a162-121d06ca77f1\\_story.html](https://www.washingtonpost.com/world/africa/guinea-the-ground-zero-of-the-ebola-outbreak-now-hopes-the-end-is-near/2015/02/04/2f54a102-a64c-11e4-a162-121d06ca77f1_story.html).
- Center for Disease Control (2016, February). 2014 Ebola outbreak in west Africa – case counts. Retrieved from [http://www.cdc.gov/vhf/ebola/outbreaks/2014-west-africa/case-counts.html#modalIdString\\_cases-former-widespread](http://www.cdc.gov/vhf/ebola/outbreaks/2014-west-africa/case-counts.html#modalIdString_cases-former-widespread).
- Centers for Disease Control and Prevention (2013, June 13). Viral hemorrhagic fevers, “What are viral hemorrhagic fevers?”. Retrieved from <http://www.cdc.gov/ncidod/dvrd/spb/mnpages/dispages/vhf.htm>.
- (2014, July 2). *Principles of epidemiology in public practice, third edition: An Introduction to applied epidemiology and biostatistics*. Retrieved from <http://www.cdc.gov/ophss/csels/dsepd/ss1978/glossary.html>.
- (2014, April 7). Viral hemorrhagic fevers (VHFs): Filoviridae. Retrieved from <http://www.cdc.gov/vhf/virus-families/filoviridae.html>.

- (2014, November 2). Ebola Virus Disease: Signs and symptoms. Retrieved from <http://www.cdc.gov/vhf/ebola/symptoms/index.html>.
  - (2015, July 22). Ebola virus disease treatment. Retrieved from <http://www.cdc.gov/vhf/ebola/treatment/index.html>.
  - (2015, July 22). Ebola virus disease transmission. Retrieved from <http://www.cdc.gov/vhf/ebola/transmission/index.html>.
  - (2015, July 22). Ebola virus disease prevention. Retrieved from <http://www.cdc.gov/vhf/ebola/prevention/index.html>.
  - (2015, August 27). Guidance of personal protective equipment (PPE) to be used by healthcare workers during management of patients with confirmed Ebola or persons under investigation (PUIs) for Ebola who are clinically unstable or have bleeding, vomiting, or diarrhea in U.S. hospitals including procedures for donning and doffing PPE. Retrieved from <http://www.cdc.gov/vhf/ebola/healthcare-us/ppe/guidance.html>.
  - (2016, February 8). Global health security: International health regulations (IHR). Retrieved from <http://www.cdc.gov/globalhealth/healthprotection/ghs/ihr/>.
- Chase, C. (2013, September 13). Cowboys stadium uses more electricity than Liberia (kind of). *USA Today*. Retrieved from <http://ftw.usatoday.com/2013/09/cowboys-stadium-liberia>.
- CNN Library/CNN Wire. (2015, February 13). Ebola fast facts. *CNN*. Retrieved from <http://www.cnn.com>.
- Conrad, J. (1996). *Heart of Darkness*. Ross C. Murfin (Ed.). Boston: Bedford Books.
- Curtin, P.D. (1961). "The white man's grave:" image and reality, 1780-1850. *Journal of British Studies* 1(1): 94-110.

- (1985). Medical Knowledge and Urban Planning in Tropical Africa. *The American Historical Review*, 90(3), 594–613.
- Dennis, B. (2015, February 5). The Ebola battle’s toughest number: zero. *The Washington Post*. Retrieved from <http://washingtonpost.com>.
- Dionne, K. and Seay, L. in Gronke, P. (2015). The Politics and Policy of Ebola. *PS: Political Science & Politics*, 48(01), 3-18.
- Duffield, M. (2001). Governing the Borderlands: Decoding the Power of Aid. *Disasters*, 25(4).
- (2001). *Global governance and the new wars: The Merging of development and security*. London: Zed Books.
- “Getting savages to fight barbarians: Development, security, and the colonial present” *Conflict, Security, and Development* 5(2)(2005).
- *Development, Security, and Un-Ending War: Governing the World of Peoples* (London: Polity Press, 2007). [E-Book, Retrieved from Amazon.com].
- “Global Civil War: The Non-Insured, International Containment and Post-Interventionary Society” *Journal of Refugee Studies* 21(2)(2008).
- Editorial Desk. (2015, February 17). Mission not yet accomplished. *The New York Times*. Retrieved from <http://www.nytimes.com/2015/02/16/opinion/mission-not-yet-accomplished.html>.
- Ellis, R. (2015, February 10). U.S. bringing home almost all troops sent to Africa in Ebola crisis. *CNN*. Retrieved from <http://www.cnn.com/2015/02/10/us/ebola-u-s-troops-africa/>
- Falola, T., & Heaton, M.M. (Eds.). (2007). *HIV/AIDS, Illness, and African Well-Being*. Rochester, N.Y.: Rochester University Press.

- Farmer, P.(1996). Social Inequalities and Emerging Infectious Diseases. *Emerging Infectious Diseases* 2(4).
- (1999). *Infections and inequalities: The Modern plagues*. University of California Press, Berkeley.
- (2014, October 23). Diary: Ebola, London Review of Books. Retrieved from <http://www.lrb.co.uk/v36/n20/paul-farmer/diary>.
- 'We've met the enemy — and he is us' [Interview by M. Igoe.]. (2014, December 15). Retrieved March 15, 2016, from <https://www.devex.com/news/paul-farmer-we-ve-met-the-enemy-and-he-is-us-85081>.
- (2015, May 21). The Caregiver's disease. London Review of Books. Retrieved from <http://www.lrb.co.uk/v37/n10/paul-farmer/the-caregivers-disease>.
- Fombu, C. and Capelouto, S. (2014, March 23). At least 59 people dead in Guinea Ebola outbreak. *CNN*. Retrieved from <http://www.cnn.com/2014/03/22/world/africa/fever-epidemic-guinea/>.
- Flynn, G. and Scutti, S. (2014, August 21). Smuggled bushmeat is Ebola's back door to America. *Newsweek*. Retrieved from <http://www.newsweek.com/2014/08/29/smuggled-bushmeat-ebolass-back-door-america-265668.html>.
- Glatter, R. (2015, August 13). The new weapon in the fight against Ebola and other deadly pathogens. Retrieved from <http://www.forbes.com/sites/robertglatter/2015/08/13/the-new-weapon-in-the-fight-against-ebola-and-other-deadly-pathogens/#476b161915eb>.
- Hammond, D., & Jablow, A. (1977). *The Myth of Africa*. New York: Library of Social Science.
- Harrison, M. (2014, November 13). The long history of disease and the fear of the 'other': Reactionary quarantines and travel bans are far older than the current Ebola scares.

*Smithsonian*. Retrieved from <http://www.smithsonianmag.com/history/long-history-disease-and-fear-other-180953310/?no-ist>.

Hartocollis, A. (2015, February 26). Man who had Ebola says he was portrayed unfairly.

*The New York Times*. Retrieved from

[http://www.nytimes.com/2015/02/26/nyregion/craig-spencer-new-york-ebola-doctor-speaks-out.html?\\_r=0](http://www.nytimes.com/2015/02/26/nyregion/craig-spencer-new-york-ebola-doctor-speaks-out.html?_r=0).

Hegel, G.W.F. (1997). Race, History, and Imperialism. In Emmanuel

Chuckwudi Eze (Ed.), *Race and the Enlightenment: A Reader* (110-152). Massachusetts: Blackwell Publishers.

Hegel, G.W.F. (1956). *The Philosophy of history*. (J. Sibree, Trans.) Mineola, New York: Dover Publications, Inc. (Original published 1892).

History matters: The U.S. survey course on the web, “The white man’s burden: Kipling’s hymn to U.S. Imperialism” (n.d.). Retrieved from <http://historymatters.gmu.edu/d/5478/>.

Inter-Agency Standing Committee: Reference Group for Gender in Humanitarian Action. (2015

February). *Humanitarian crisis in West Africa (Ebola) gender alert*. Retrieved from

<http://www.unwomen.org/~media/headquarters/attachments/sections/library/publications/2015/iasc%20gender%20reference%20group%20->

[%20gender%20alert%20west%20africa%20ebola%202%20-%20february%202015.pdf](http://www.unwomen.org/~media/headquarters/attachments/sections/library/publications/2015/iasc%20gender%20reference%20group%20-%20gender%20alert%20west%20africa%20ebola%202%20-%20february%202015.pdf).

Johnson, R. (2015, February 6). Ebola survivor: ‘demonic’ disease ‘worse than war’.

*CNN*. Retrieved from <http://www.cnn.com/2015/02/06/opinion/ebola-survivor/>.

Joyner, T. (2014, November 19). Public health: Mayor: Ebola site not wanted: Forest Park

resists state’s request for quarantine facility. *The Atlanta Journal Constitution*. Retrieved from <http://www.ajc.com>.

- Kalra, S., Kelkar, D., Galwankar, S., Papadimos, T., Stawicki, S., Arguilla, B., ...Jahre, J. (2014). The emergence of Ebola as a global health security threat: from 'lessons learned' to coordinated multilateral containment efforts. *Journal of Global Infectious Diseases* 6(4): 164-177.
- Kamen, A. (2015, February 12). Ebola czar concludes his successful role. *The Washington Post*. Retrieved from <https://www.washingtonpost.com/blogs/in-the-loop/wp/2015/02/12/ebola-czar-concludes-his-successful-rule/>.
- Kamradt-Scott, A. et.al. (2015, October). *Saving Lives: The civil-military response to the 2014 Ebola outbreak in West Africa*. Retrieved from <http://sydney.edu.au/mbi/news/2015/savinglives.php>.
- Kaplan, R.D. (1994, February). The coming anarchy: How scarcity, crime, overpopulation, tribalism, and disease are rapidly destroying the social fabric of our planet. *The Atlantic*. Retrieved from <http://www.theatlantic.com/magazine/archive/1994/02/the-coming-anarchy/304670/>.
- (2000). *The Coming anarchy: Shattering the dreams of the post Cold War*. Vintage Books: New York.
- Keim, C. A. (1999). *Mistaking Africa: Curiosities and inventions of the American mind*. Boulder: Westview Press.
- Lauer, M. (2014, September 5). He may be one of the luckiest men alive. And Dr. Kent Brantly probably thinks there are two very good reasons for that. *NBC News: Dateline NBC*. Retrieved from <http://www.nbcnews.com/dateline>.
- Lipschutz, R.D. (ed). (1995). *On Security*. New York: Columbia University Press.
- Logan, L. (2014, November 9). The Ebola Hotzone. *CBS 60 Minutes*. Retrieved from



<http://www.cbsnews.com/news/the-ebola-hot-zone-liberia/>>.

Lyons, M. (1992). *The Colonial disease: A Social history of sleeping sickness in northern Zaire, 1900-1940*. Cambridge; New York;: Cambridge University Press.

Mak, T. (2014, October 17). U.S. soldiers get just four hours of Ebola training. *The Daily Beast*. Retrieved from <http://www.thedailybeast.com/articles/2014/10/17/u-s-soldiers-get-just-four-hours-of-ebola-training.html>.

Mazza, E. (2014, August 3). Donald Trump says Ebola doctors must ‘suffer the consequences’. *Huffpost Media*. Retrieved from [http://www.huffingtonpost.com/2014/08/03/donald-trump-ebola-doctors\\_n\\_5646424.html](http://www.huffingtonpost.com/2014/08/03/donald-trump-ebola-doctors_n_5646424.html).

McInnes, C. (2016). Crisis! What crisis? Global health and the 2014-15 West African Ebola outbreak. *Third World Quarterly*, 37 (3), 380-400.

McInnes, C., & Rushton, S. (2011). HIV/AIDS and securitization theory. *European Journal of International Relations*, 19(1), 115-138.

McNeil Jr., D.G. (2014, March 25). Ebola, killing scores in Guinea, threatens nearby nations. *The New York Times*. Retrieved from <http://www.nytimes.com/2014/03/25/health/ebola-killing-scores-in-guinea-threatens-nearby-nations.html>.

— (2015, February 13). Ebola victims still infectious a week after death, scientists find. *The New York Times*. Retrieved from <http://www.nytimes.com/2015/02/13/health/ebola-victims-still-infectious-a-week-after-death-scientists-find.html>.

Medecins sans Frontieres. (2014, September 9). MSF international president: United Nations special briefing on Ebola. Retrieved from <http://www.msf.org.uk/node/26146>.

- (2014, June 23). Ebola: Massive deployment needed to fight epidemic in West Africa. Retrieved from <http://www.doctorswithoutborders.org/news-stories/press-release/ebola-massive-deployment-needed-fight-epidemic-west-africa>.
- Mufson, S. and Ellperin, J. (2015, February 11). American troops to return from Ebola duty. *The Washington Post*. Retrieved from <http://www.washingtonpost.com>.
- Northeastern University MOBS Lab. (n.d.) Assessing the international spreading risk associated with the 2014 West African Ebola outbreak. Retrieved from <http://www.mobs-lab.org/ebola.html>.
- Nossiter, A. (2014, April 2). Ebola reaches Guinean capital, stirring fears. *The New York Times*. Retrieved from <http://www.nytimes.com/2014/04/02/world/africa/ebola-reaches-guinean-capital-stirring-fears.html>.
- Pellerin, C. (2015, February 27). Liberia's president thanks Obama, Carter for Ebola aid. Retrieved from <http://www.defense.gov/News-Article-View/Article/604192/liberias-president-thanks-obama-carter-for-ebola-aid>.
- Phillip, A. (2015, August 5). *The Washington Post Online*. Why West Africans Keep Hunting and Eating Bush Meat Despite Ebola Concerns. Retrieved from <http://washingtonpost.com>.
- Pieterse, J.N. (1992). *White on black: Images of Africa and blacks in Western popular culture*. New Haven: Yale University Press.
- Qureshi, A. (2016). *Ebola virus disease: From origin to outbreak*: Academic Press. available From <https://books.google.com/books?id=7zyXCgAAQBAJ&pg=PA109&lpg=PA109&dq=ebola+means+black+river&source=bl&ots=xNISullrvP&sig=x1ZSaGFiiYkVr9tvsSwNUpn>

3FUU&hl=en&sa=X&ved=0ahUKEwiQ4YjswvrLAhWNUB4KHWEDCwwQ6AEIbTA  
R#v=onepage&q=ebola%20means%20black%20river&f=false.

Ranger, T. O., & Slack, P. (1992). *Epidemics and ideas: Essays on the historical perception of pestilence*. New York; Cambridge, England: Cambridge University Press.

Said, E. (1978). *Orientalism*. New York: Vintage Books.

— (1993). *Culture and imperialism*. New York. Vintage Books.

Schneider, C. (2014, November 12). Public Health: State's Ebola centers a secret: Ga.

Officials won't disclose 6 hospitals being prepped for task. *The Atlanta Journal Constitution*. Retrieved from <http://www.ajc.com>.

— and Bentley, Rosalind, and Yamanouchi, Kelly. (2014, October 12). Public Health: Can the U.S. just shut out Ebola? Ban on travel from West Africa discussed. U.S. death of passenger from Liberia raises intensity of debate. *The Atlanta Journal Constitution*. Retrieved from <http://www.ajc.com>.

— (2014, October 30). Life on the inside of Emory's Ebola unit: Georgia team's success eases fears of dreaded disease nationwide. *The Atlanta Journal Constitution*. Retrieved from <http://www.ajc.com>.

— (2014, November 15). Public Health: State looks at 100 for Ebola: health officials do daily monitoring. No one from 'hot zone' countries has shown symptoms of disease. *The Atlanta Journal Constitution*. Retrieved from <http://www.ajc.com>.

Senthillingam, M. (2015, February 13, 2015). Are we ready for the next global epidemic?

*CNN*. Retrieved from <http://www.cnn.com/2015/02/13/health/are-we-ready-for-global-outbreak/>.

Sun, L.H. and Brady, D. (2015, February 14). U.S. heads global effort to nip epidemics

- in the bud. *The Washington Post*. Retrieved from <http://www.washingtonpost.com>.
- Tan, M. (2015, February 27). 101<sup>st</sup> ABN coming home after West Africa deployment. Retrieved from <http://www.armytimes.com/story/military/2015/02/27/101st-airborne-liberia/24127669/>.
- The Associated Press for NYTimes.com Feed. (2015, February 24). North Korea: Pyongyang Marathon shut to foreigners over Ebola fear. *The New York Times*. Retrieved from <http://www.nytimes.com/2015/02/24/world/asia/north-korea-pyongyang-marathon-shut-to-foreigners-over-ebola-fears.html>.
- U.N. Global Ebola Response. (n.d.) U.N. mission for emergency Ebola response (UNMEER). Retrieved from <http://ebolaresponse.un.org/un-mission-ebola-emergency-response-unmeer>.
- U.N. Women. (2015 February). *Facts and figures: HIV and AIDS*. Retrieved from <http://www.unwomen.org/en/what-we-do/hiv-and-aids/facts-and-figures>.
- U.S. Department of State (n.d.). Response to the Ebola virus. Retrieved from <http://www.state.gov/p/af/rt/health/ebola/>.
- Vlahos, K.B.. (2014, October 17). Could Ebola become a ‘bioterrorist threat’? *Fox News*. Retrieved from <http://www.foxnews.com>.
- Wald, P. (2008). *Contagious: Culture, carriers, and the outbreak narrative*. Durham: Duke University Press.
- Wilemon, T. (2015, March 15). Doctor recalls his near-death experience with Ebola. *USA Today*. Retrieved from <http://www.usatoday.com/story/news/nation/2015/03/30/ebola-ian-crozier/70689426/>.
- Wilkinson, A. and Leach, M. (2014). Briefing: Ebola – myths, realities, and structural

violence. *African Affairs* 114 (454).

- Williams, B. and Snow, K. (2014, October 13). And with another Ebola patient now hospitalized, it's clearer than ever this Monday night just how serious the Ebola outbreak is. *NBC News: Nightly News*. Retrieved from <http://www.nbcnews.com/nightly-news>.
- (2014, September 30). Until just a short time ago in fact Americans could at least take comfort in the knowledge that all thousands of cases of this deadly virus were discovered outside of our borders, but a late announcement tonight from the CDC just changed that. *NBC News: Nightly News*. Retrieved from <http://www.nbcnews.com/nightly-news>.
- (2014, August 7). We turn now to the Ebola crisis amid reports today that it has now spread to a fifth country in Africa and that a state of emergency was declared in Liberia. *NBC News: Nightly News*. Retrieved from <http://www.nbcnews.com/nightly-news>.

Williams, B. and Snyderman, N. (2014, July 28). The deadly Ebola virus is spreading rapidly in Africa. *NBC News: Nightly News*. Retrieved from <http://www.nbcnews.com/nightly-news>.

- (2014, September 16). Now to this second front, this fight against Ebola which as of today became a military matter. *NBC News: Nightly News*. Retrieved from <http://www.nbcnews.com/nightly-news>.

Williams, B. and Gosk, S. (2014, October 30). A warning tonight from one of the humanitarian groups battling the Ebola epidemic in West Africa. *NBC News: Nightly News*. Retrieved from <http://www.nbcnews.com/nightly-news>.

Williams, M. and Hart, A. (2014, August 2). Ebola patients stir worry in Atlanta: U.S. aid

workers to be treated here pose no threat, officials say. *The Atlanta Journal Constitution*. Retrieved from <http://www.ajc.com>.

Woods, Staff Sgt. V M. (2014, November 25). Troops fight Ebola through education and training. *United States Africa Command News*. Retrieved from <http://www.africom.mil/newsroom/article/23936/troops-fight-ebola-through-education-and-training>.

World Health Organization (n.d.) *Ebola situation reports*. Retrieved from <http://apps.who.int/ebola/ebola-situation-reports>.

— (2013, November). The African health monitor: Health systems and disaster preparedness and response. Retrieved from <http://www.aho.afro.who.int/sites/default/files/ahm/issues/726/ahm18.pdf?ua=1>.

— (2014, August 8). Statement on the 1<sup>st</sup> meeting of the IHR Emergency Committee on the 2014 Ebola Outbreak in West Africa. Retrieved from <http://www.who.int/mediacentre/news/statements/2014/ebola-20140808/en/>.

Vaughn, M. (1991). *Curing their Ills: Colonial Power and African Illness*. Stanford: Stanford University Press.

Virginia Tech University Libraries. (2016). Retrieved from <http://www.addison.vt.edu>.

Vogt, H. (2014, August 19). Ebola virus outbreak threatens Africa's tourist industry: Tourist operators report cancellations despite assurances over outbreak by governments. Retrieved from <http://www.wsj.com/articles/ebola-virus-outbreak-threatens-africas-tourist-industry-1408462301>.

Yasmin, S. (2016, February 2). The Ebola rape epidemic no one's talking about. *Foreign Policy*. Retrieved from <http://foreignpolicy.com/2016/02/02/the-ebola-rape-epidemic->

west-africa-teenage-pregnancy.

### *Appendix A: Important Epidemiological Terms<sup>54</sup>*

**Epidemic:** The occurrence of more cases of disease, injury, or other health condition than expected in a given area or among a specific group of persons during a particular period.

**Infection:** Invasion of the body tissues of a host by an infectious agent, whether or not [the agent] causes disease.

**Outbreak:** The occurrence of more cases of disease, injury, or other health condition than expected in a given area or among a specific group of persons during a specific period. Usually, the cases are presumed to have a common cause or to be related to one another in some way. Sometimes distinguished from an epidemic as more localized, or the term less likely to evoke public panic.

**Pandemic:** An epidemic occurring over a widespread area (multiple countries or continents) and usually affecting a substantial proportion of the population.

**Quarantine:** The separation of well persons who have been exposed or are suspected to have been exposed to a communicable disease, to monitor for illness and to prevent potential transmission of infection to susceptible persons during the incubation period. Quarantine refers to separation of potentially exposed but well persons; isolation refers to separation of ill persons.

**Reservoir:** The habitat in which an infectious agent normally lives, grows, and multiplies, which can include humans, animals, or the environment.

**Virulence:** The ability of an infectious agent to cause severe disease, measured as the proportion of persons with the disease who become severely ill or die.

**Zoonosis:** An infectious disease that is transmissible from animals to humans.

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<sup>54</sup> All terms and definitions are taken from the Centers for Disease Control and Prevention's *Principles of Epidemiology in Public Practice, Third Edition: An Introduction to Applied Epidemiology and Biostatistics*. Retrieved from <http://www.cdc.gov/ophss/csels/dsepd/ss1978/glossary.html>.