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Abstract

The article examines experiences of the 2014-15 Ebola crisis in Freetown, Sierra Leone, through an analysis of the performance of burials. While most of the city's residents had no contact with the virus, 'Ebola' was inescapable, due to the onerous state of emergency regulations imposed by national and international authorities. All burials, regardless of the cause of death, were to be performed by newly established official teams operating according to unfamiliar biomedical and bureaucratic protocols. Burials became emblematic of the crisis through presenting a conflict between local practices and novel procedures, which was coded locally in a complex racial language of 'black' and 'white', recalling a long regional history of violent integration into the Atlantic World. Building on longstanding anthropological discussion on the relationship between 'good' death and social order, the article explores how burials became sites around which opposing 'orders' were experienced, negotiated, and reconciled in locally meaningful ways.

Introduction

In 2014-15 screens around the globe were inundated with images of Sierra Leoneans in full body protective suits and masks, carrying corpses on stretchers to be buried – scenes

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resembling an apocalyptic science fiction film. These were the front-line troops deployed to defeat Ebola, a 'mysterious' and deadly virus with no known cure that emerged from the depths of the rainforest borderland of Guinea, Sierra Leone, and Liberia. The virus is thought to have entered Sierra Leone following the May 2014 funeral of a traditional healer, who had been working with Ebola victims from Guinea. Ebola would go on to claim the lives of close to 4000 Sierra Leoneans. Ebola captured the world's imagination with nightmarish fears that it would spread like the plague. The result was an intense and expensive intervention involving scores of international governmental and non-governmental organizations. A state of emergency was declared in Sierra Leone on 30th July 2014, followed by the establishment of the National Ebola Response Centre, headed by the Minister of Defence.

I witnessed the crisis unfold from the vantage point of the Congo Town area of Freetown, Sierra Leone's capital city, where I was conducting long-term fieldwork. For many months after the initial outbreak, Ebola felt oddly distant. Yet there was a powerful and familiar sense of foreboding. The civil war (1991-2002) had emerged from the same region in the east of the country, eventually hitting Freetown to devastating effect. In July 2014, the first cases of the virus were reported in the capital city. 'Ebola' was deadly yet ambiguous. Its symptoms closely resembled those of familiar diseases, such as Malaria. In my neighbourhood several possible Ebola cases were identified, leading to the quarantining of their family households. But they were contested by many residents, not least because the virus did not spread in Congo Town. However, the increasingly onerous measures enforced under the state of emergency were felt by everyone. School and colleges were shut down. Gatherings of over ten people, travel, and business activity were highly restricted. There were daily curfews at 6pm, and regular 'lockdowns' lasting several days. Getting by during

these hard times entailed accepting and negotiating new laws, procedures, bureaucratic structures, and dangers, and reconciling them with established practices and routines of social life and death. When people in Sierra Leone spoke of 'Ebola', they were often referring not to the virus, but to these challenges.

Since the corpses of Ebola victims are highly contagious, there was considerable risk of transmission during funerals, through ritual body washing and contact between mourners. Not surprisingly, then, burial was perhaps the heaviest and highest profile arena of regulation. Regardless of the Ebola status of the deceased, all burials were to be performed by official teams at designated cemeteries. During the early stages of the outbreak, bodies were left in the street and mortuaries overflowed. In response, burial teams were established, staffed primarily by young men working under the auspices of the Ministry of Health and international NGOs. The teams were trained and equipped to perform all burials according to an unfamiliar, bureaucratically-informed biomedical paradigm featuring clinical management and strict procedures oriented towards safety and efficiency. This soon presented a new challenge, accentuated by the pressing social obligations that surround death in Sierra Leone: the speed and efficiency of these burials interfered with the enactment of customary rituals. It was in relation to deaths - the majority of which were not caused by the virus during the Ebola crisis - that I most often heard reflections on Ebola's cruelty and the suffering it caused. Burial teams made significant efforts to allow for local cultural practices and some flexibility. Yet still some people tried to avoid these regulations altogether, choosing to perform illegal 'secret' burials, in co-ordination with established authorities such as the police, city council and military (as opposed to the novel burial teams), though still at risk of a hefty punishment.

The difficulties Ebola imposed on performing ritual invites reflection on the relationship between the enactment of funerary rites and the continuity or disruption of social order. In Sophocles' Antigone, the protagonist attempts illegally to perform an honourable burial for her brother - the disgraced loser of Thebes' civil war - against the orders of her uncle, King Creon. The ensuing disorder is characterized as a disease, tragically wiping out Creon's family, and threatening social order at large: 'the entire city is gripped by a violent disease' (Sophocles, *Antigone* II.114). Anthropological analysis of 'good' death, following Hertz's (1960) Durkheimian analysis of second burials, has emphasized the close relationship between the performance of proper post-death ritual and the maintenance and reproduction of social order. This is achieved through exerting ritual order in the face of abrupt and unpredictable biological death, and harnessing the regenerative potential of ritual to compensate for the loss of individuals by reinstallation in the collective consciousness (Bloch and Parry 1982).

Many have questioned the neat conceptual relationship between 'good' death and social order. Just as it is problematic to attribute discrete beginnings and endings to funerary ritual, so is it problematic to assume that they can restore full social order. (Seremetakis 1991:48). Studies have emphasized that, while African death presents a seemingly greater unravelling of the social fabric than death in the more individualized West, the outcome is often not 'regeneration of life' in a cohesive sense. Rather funerary practices become sites of contestation and negotiation between competing social and religious groups and authorities (De Boek 2009, Posel and Gupta 2009, Smith 2004, de Witte 2001), serving as occasions 'for the (re)production and the (un)making of both solidarities and hierarchies, both alliances and conflicts' (Jindra and Noret 2011:2). Funerary practices, and social orders, are far from static and singular on the continent. Significant shifts, including greater

diversity in form, have been linked to the processes of colonial and post-colonial political economy, the influence of Islam and Christianity, urbanization, migration, technological development, and notably the AIDS pandemic (Chabal and Daloz 1999, Geschiere 2005, Henderson 2011, Lamont 2011, Meyer 2004, Page 2007, Peel 2000, Ranger 2011, van der Geest 2006). What social order is re-established after death in contexts with turbulent histories, and what part do funerary practices play?

Funerary ritual and social order appear particularly interdependent during periods of social unrest and disorder. In war-time, for example, practical challenges arise in relation to the performance of burial rites, and in reconciling 'mass death' with existing categories of death (Kwon 2006). Yet burials can be powerful mechanisms for establishing new orders. Funerary rituals and memorialisation practices are propitious sites for political claims made during or after periods of upheaval. Dead bodies are powerful symbols of historical depth and continuity (Hallam & Hockey 2001), yet, lacking their own 'voice', are ripe for manipulation in the service of political claims and narrative construction (Veredy 1999), and for propagating illusions of permanence and stability (Scheele 2006).

During the Ebola crisis, the regulation and transformation of mortuary practices were not collateral challenges but principle aims of the international response. Burials constituted a defining experience of life under the state of emergency. They brought to the fore the core social conflict of the Ebola crisis: local beliefs and practices versus those of the international response. This tension has been highlighted in studies of the Ebola crisis. Fairhead (2016) emphasizes the dramatic breakdown of fragile 'social accommodations' between 'cultures', recalling a violent regional history. Richards (2016) shows how the adaptability and ingenuity of local culture, particularly at the rural village level, was

undermined by the international response, which chose not to support local responses and acknowledge their complex workings. This tension is seen to have encouraged the breakdown of multiple forms of 'trust' (Anoko 2014, Brown 2016, Le Marcis 2015)[1]. Despite community engagement initiatives and some use of ethnographic insights in the response, 'local' culture was widely framed as an inconvenient and backwards obstacle to the elimination of the virus.

Little detailed anthropological attention has so far been paid to how this conflict was understood on the ground, or to the complex ways in which it played out, especially for the overwhelming majority of Sierra Leoneans who did not encounter the virus directly, but whose lives and deaths were nonetheless hit heavily by 'Ebola'. This article is informed by seventeen months of ethnographic fieldwork from October 2013 to September 2014 and March 2015 to September 2015, conducted mainly in the Congo Town area of Freetown, but also with an official burial team that operated primarily in Western Freetown. It provides a unique perspective based on long-term fieldwork immediately before and during the crisis. It explores how burials became the sites in which crisis and disorder were most acutely experienced and evident, yet around which new social orders, practices, and hierarchies were forwarded and reconfigured. Such processes involved complex compromise, adaptation, and negotiations among a variety of actors and authorities, established and novel, who in shifting ways represented alternately official and local responses.

In Freetown, the conflict between state of emergency protocols and existing local practices was coded in the racial language of 'black' and 'white'. These terms are quotidian reference points in Freetown, representing primary, yet complex, categories through which cultural

norms, values, and practices are understood. During the crisis these categories were both destabilized and yet took on heightened explanatory value. Broadly speaking, the 'Ebola' burials performed by the burial teams constituted 'white' death, in which all bodies were to be treated equally and burials performed efficiently and safely. Opposed to this was customary burial, or 'black' death, in which burial practices vary according to the status and religion of the deceased, and in which the proper enactment of funerary ritual is a pressing social and religious obligation. Temporal flexibility and improvisation are often key to the performance of rituals in Freetown's unpredictable environment. Yet although 'secret' burials were more aligned to 'black' death, the boundaries between the categories were blurred and porous. 'Secret' burials were more private than most Freetown burials, and required extensive bureaucratic navigation along paths different than those established during the state of emergency, incorporating some safety protocols. In the case of the burial team, the face of the 'white' system was not white foreigners, but primarily young black Sierra Leonean men who, as formally employed 'gatekeepers' of the state of emergency, experienced a rare opportunity for social mobility.

In Sierra Leone, these racial categories recall a long history of violent integration into the Atlantic World. Beginning in the early sixteenth century, Sierra Leone became a major site of extraction for slaves sent to the Americas. Freetown was established in 1792 by immigrant 'free persons of colour' and 'black Londoners' after the British ban on the international slave trade, although slavery within Sierra Leone was only outlawed in 1928 (Lovejoy & Schwarz 2015). The descendants of these founders, who were joined by waves of recaptive slaves and migrating black British colonial subjects, became known as the *Krio* – also the name of Sierra Leone's dominant spoken language, an English Creole. The *Krio* as an ethnic group came to be seen as simultaneously and alternately 'black' – through their

historic link to slavery, diaspora, and colonial racism – and 'white' – through their sometimes elite status in Freetown, secured through identification with British imperial institutions and culture: Christian practice; small family sizes; English sounding names; European dress; property ownership; and architectural styles that retain a distinctive presence in Freetown. The *Krio* thus positioned themselves as 'interpreters of Western culture to other Africans' (Harris 2013:13), through which their elite status in the colonial administration was at times secured, although such positions equally led to racist resentment by white authorities, labelling them 'savvy niggers' and 'trousered Africans'. While the *Krio* are now a minority in Freetown, their history is key both to the formation of non-essentialized local understandings of race, as well as in providing an enduring model of brokerage, mediation, and transformation between 'black' and 'white', which became starkly evident during the Ebola crisis for a variety of actors, as this article will go on to illustrate.

Sierra Leone's entanglement with the West remained enduringly significant in the post-colonial period, especially during and after the bloody civil war (1991-2002), which followed a failed IMF and World Bank-led structural adjustment programme. The war resulted in a high profile liberal intervention, including the British military, also deployed during the Ebola crisis. The post-war years have been marked by a proliferation of NGOs, humanitarian programmes, international peace building initiatives, and further integration into global markets, yet economic poverty remains widespread. The mixing of cultures in Freetown has also been encouraged by centuries of regional and international migration - including rapid population growth during and after the civil war - giving the city a bustling, crowded, and unstable character. Neighbourhoods, such as Congo Town, are close-knit, yet represent numerous tribal groups, and Christians and Muslims in roughly equal

proportion. There is a high degree of conviviality between these groups, as well as surprising fluidity in terms of membership and practice.

This article examines the ways in which Freetown's history came dramatically came to life during the Ebola crisis, when residents were yet again faced with reconciling conflicting cultural paradigms, this time in the context of an epidemic and powerful international intervention. Around burials, characterized as an 'arena of social contestation, a space where heterogeneous and antagonistic cultural codes and social interests meet and tangle' (Seremetakis 1991:15), racial categories, ritual practices, and understandings and performances of 'order' took on hybrid forms. 'Black' and 'white' notions of 'order' were simultaneously distinct and opposed – particularly as idealized references – yet in 'practice' overlapping and at times complimentary, thus representing a locally meaningful framework through which the crisis was understood, experienced, and negotiated.

Obligations and obstacles

On the afternoon of the 6th of August 2015, I received a text message from Arthur, my close friend and the oldest son in the family I lived with in Congo Town.

Anty Marie's condition is bad she has been admitted at the hospital in the isolation ward at cottage

Marie, a charismatic and worldly woman in her late 30s, was Arthur's step-mother's sister. She had come to live with us a few months earlier, after her marriage to a German citizen of Sierra Leonean origin, with whom she had become pregnant. She was preparing to join her

husband, referred to as 'the German', in Europe; a task complicated by the Ebola crisis; Freetown's German consulate had stopped issuing visas. For Marie, the obstacles she faced reflected not only the stretching of bureaucratic channels by the regional and global crisis of Ebola, but also jealousies among her extended family and neighbours in Freetown. As she explained to me, 'You know black people, we have black mind'. It was because of these jealousies that she had moved from the house where she had been living to stay with us in the family compound of her sister, Sarah. Marie had been unwell for several weeks. While her illness did not seem serious, it was persistent. Helped by Sarah, Marie sought medical attention, but their efforts were fruitless. Finally she collapsed and was taken to the Cottage hospital in Freetown's old Fourah Bay area. The city's medical system was overstretched by Ebola; many patients were either refused admission, or resisted going for fear of being (mis)diagnosed as Ebola positive. A few hours after Arthur sent his text message, he called to tell me that Marie had died in hospital.

I went straight to the hospital, feeling that it was expected of me; I had often observed the importance of friends and family 'coming close' at times of crisis. I met Arthur, his uncle (an elder in the family compound), his cousin, his step-brother, and a neighbour who worked as a technician in the hospital. The group was attempting to make arrangements for Marie's burial. Their efforts centred on gaining access to the body so that they could perform the burial themselves; this was illegal under the state of emergency. Regardless of the deceased's Ebola status, all burials during the state of emergency were to be performed by official teams at the NGO-managed Waterloo Cemetery in Eastern Freetown, established to bury the city's dead during the time of Ebola. Consultations with the mortuary staff made it clear that illegal access to the body in order to perform a 'secret' burial - still common for families with the right connections and able to make sufficient payments - was out of the

question. The body was still in the isolation ward and therefore difficult to access, especially after a recent dispute between the medical and mortuary staff over the distribution of payments.

We returned to the hospital the next morning. The test results were negative for both Ebola and Malaria. There were further negotiations with hospital staff over whether Marie's body could be dressed and perfumed before the burial team took her. A family friend and former nurse at the hospital had volunteered to perform this duty, dressed in Personal Protective Equipment (PPE). The request was refused on the grounds that the 'white doctors would not allow it'. Instead, the body was put into a standardized body bag, carried to the white jeep used by the burial team to transport corpses, and taken to the Waterloo Cemetery

We arrived at the cemetery before the team (they had other bodies to collect on the way), Hundreds of mourners were waiting to witness burials. When our team came, we were called into the cemetery by a young man wearing tinted blue sunglasses and a tight matching vest and shorts made of 'africana' fabric. He looked as though he had stepped out of an Afrobeat music video, but was responsible for the challenging task of co-ordinating the mourners, burial teams, and cemetery staff. The young men in the team, some of whom I recognized from my research, lowered the body into the pre-dug plot assigned to Marie. Taylor, Marie's elder brother, had bought a wooden mesh, which was placed over the body bag (there had been no time to make a coffin) so that dirt was not cast disrespectfully directly onto the 'naked' body. After a short negotiation with the burial team supervisor, the body bag was opened so that the family could take one last look at Marie's face. Marie's twin brother, a filmmaker by trade, was recording the proceedings closely, partly for Marie's husband in Germany. The 8 or so mourners huddled together, taking photos on

their smart phones. With no pastor available, and uncertain how to proceed in this unfamiliar and unusually institutionalized environment, Arthur, a chef by profession, spontaneously took the lead. He recited the Lord's Prayer, stoically declaring, in the manner of a cleric at the graveside, that 'God marks our time to die for a purpose that we don't know or understand'. A metal sign was erected with Marie's personal details, including the plot number, to make it easier for the family to locate the grave in future.

When we got back to the compound, Marie's sister, Sarah, served us large plates of groundnut soup with fish and rice, which she had prepared for those who would come to *tel osh*, share their sympathies. The people who had been at the cemetery reported what they had witnessed. They spoke of the horror and cruelty of Ebola: long rows of freshly dug graves; the arrival of the burial team with 13 bodies (a figure regularly quoted in the compound in the coming weeks), all children apart from Marie; and, perhaps most powerfully, the grave of a young woman which was being filled in with no mourners present. Arthur admitted that this was what finally brought him to tears. At the same time, their reports sounded notes of admiration. The orderly running of the cemetery, involving independent co-ordination between grave diggers and the burial team (without family involvement), and the measured neatness in the arrangement of plots, were by turn unfamiliar and impressive. Taylor, Marie and Sarah's older brother, presented Sarah with a bag containing the white shawl and perfume he had bought in the hope of being able to dress Marie. This served as the necessary evidence that he had tried his hardest to bury their sister according to established norms.

Sarah reflected later that 'Ebola means that you don't feel it when somebody dies, they do it [the burial] so quickly, but then you will sit down and remember them, imagine about

them'. This profound comment seemed to crystallise the 'cruelty' of Ebola, when the pressing and emotionally charged obligations surrounding death became entangled with the imposing presence of the novel biomedical order honed to eliminate the virus. The immediacy of the Ebola crisis, and present-oriented pressures to 'fight' against it, were difficult to square with the 'enduring' feeling of obligations surrounding 'good' death in Sierra Leone, in which the deceased's eternal fate lay in the balance (Little 1954, Richards 2015, Spencer 2015). When, soon after hearing that Marie had died, Arthur's cousin asked fearfully whether she might have had Ebola, he was sharply criticized by other family members for expressing self-concern at an inappropriate time. It was not that the risk of catching Ebola was not taken seriously – many of those in the compound were taking precautions against it and were critical of those who did not – but that fear of infection was considered temporary and individual compared to the obligations that arose from the death of a close family member or friend. As a friend put it, 'In Sierra Leone we care about the person more once they have died than when they are alive'.

There was a powerful atmosphere of unresolved anxiety in the compound in the weeks after Marie's death, reflecting the 'incompleteness' of her life – her pregnancy and planned migration to Europe – and the uncertainty about the cause of her death. This was compounded by the 'incompleteness' of the funerary rites. Burial teams were tasked with performing burials on the same day that the body was collected, which created significant time pressures for mourners. Muslim burials in Freetown are typically performed soon after the death, following the ritual washing and wrapping of the body in a *lapa* (sheet), and a procession from the local mosque or house of the deceased to the cemetery. Christian burials often take place weeks after the death, leaving time to prepare a coffin, *kasanka* (special clothes for the corpse), badges with pictures of the deceased, personalized service

booklets, and food and drink. A *wekin* (vigil) is usually held the night before the burial, followed by a church service in the morning and a procession to the cemetery, often involving uniformed bands. At times, bodies are transported from Freetown to natal villages for burial in family plots alongside (prominent) ancestors. Restrictions on gatherings made Muslim memorial services – typically on the 1st, 3rd, 4th, and 40th days after the death – challenging to perform. The handling of corpses was prohibited for risk of infection, and this precluded the ritual washing of bodies, performed at home or in mortuaries, as well as the ceremonies conducted by 'secret societies' (initiation societies) after their members pass away[2].

In Sierra Leone, the treatment of the dead – including those responsible for performing key tasks and manner and locations in which burials are performed – are closely connected to the status of the deceased. Burials are key means through which claims to land are made, especially in rural contexts, and it is through respectable burial in the presence of elders that the link between the ancestors and the living is maintained, and blessings for the community secured (Jackson 1977, MacCormack 1984). Funerals and memorial services are also important opportunities for family meetings, at which disputes are voiced and settled in the presence of elders and stakeholders. Negotiations often included the care of dependants of the deceased and distribution of the deceased property. Burial teams, however, were trained to be blind to the status of the deceased and their families, ensuring the use of the same body bags, the same cemetery, and the same treatment for all. Thus Ebola was seen to present a greater challenge in some cases than in others.

This did not, however, preclude adaptation, often improvised on the ground. Marie's mourners' attempted to negotiate certain allowances at the Waterloo cemetery, and

afterwards in the arrangements for memorialisation. Immediately after her burial, Marie's family started planning a memorial service – adapted from Muslim '40 days' ceremony – which would be less hampered by regulation than the burial, allowing the family to mark Marie's death in a more fitting manner. For several weeks after the death, 'the German' had been uncommunicative, and did not readily contribute to expenses that the family were incurring. During this period rumours, albeit hotly debated and contested, circulated in the neighbourhood and beyond that 'the German' had visited Freetown every few years, each time becoming attached to women who died soon after. In these narratives he was transformed from a well-meaning 'white' European citizen who could help the family, to a 'black' *ritualist* (someone who uses witchcraft to sacrifice others for personal profit)[3].

The difficulties surrounding Marie's burial did not render it meaningless or void of 'order', even if a 'good' death, as customarily measured, was not achieved. The burial was rather performed according to the protocols of an all-encompassing bureaucratic system, which dictated that every person who died, whether or not they were among the close to 4000 Sierra Leoneans who succumbed to Ebola, was buried as if they had contracted the virus. Although Marie tested negative, she was nevertheless buried as if she had Ebola, and thus became a victim of 'mass death'. Instead of a family plot or a local cemetery, where her body would have been interred alongside family or community members of previous generations, Marie was buried among people who had in common only that they had died during the time of Ebola. The number assigned by the burial team indicated statistically, and spatially in the neat rows of the recently established Waterloo cemetery, where Marie fell in this 'mass death'. The 'community' in which she was buried did not mirror the one in which she had lived, but rather the time and circumstances of her death. The alternating expressions of praise and horror I heard from my fellow mourners at the cemetery

reflected the recognition of the foreign and temporary 'order' of the state of emergency, and, at the same time, the awareness that it was a form of 'disorder' – an obstacle to the typical, albeit varied, ways of dealing with death in Sierra Leone.

Since Marie died in hospital, her family had no choice but to work with the Ebola authorities. In many other cases, families simply failed to report a death to the burial teams, preferring to perform burials themselves. Although referred to as 'secret burials', prohibited under the state of emergency and punishable by heavy fines and arrest, these funerals were not inevitably deemed 'illegal'; they resulted from negotiations with established bureaucratic and legal structures that were often perceived to carry more weight than new Ebola authorities. The 'secret burials' too were highly structured, with built-in – though far from watertight – safety measures. By means of permission, assistance, and documentation from authorities such as the Freetown City Council (who issued Ebola-free death certificates), the police and their post-mortem teams (who often administered their own Ebola tests), mortuary workers, ambulance drivers, and the military, it was possible for mourners to perform burials themselves, at places and times of their own choosing. Negotiating with these gatekeepers typically required large payments (roughly US$400) or high-level connections, so they were undertaken primarily, though not exclusively, when people of high status died. In my neighbourhood, local representatives of the City Council became experts in managing 'secret burials'; management of the local cemetery was already a primary task. Their most prominent project, conceived before but executed during and after the crisis, was erecting a wall around the cemetery, in part to prevent street youth from congregating there. Their authority and their connections to the city's existing bureaucratic institutions, the local

community and the cemetery, meant that Council members were well positioned to broker 'secret' burials.

While the burial teams were criticized for performing burials too hastily, the 'secret' alternatives could be too slow. In June 2015, I attended the burial of Rachel, a nurse, and prominent member of a local Pentecostal church in Congo Town, who had reportedly tested negative for Ebola. Her body was being kept in the mortuary of a military hospital not too far away. Her husband, a teacher in a local girl's school, had planned to perform the burial the previous day, when a large number of mourners had gathered at the hospital for a service, but he was unable to secure all the necessary documentation in time. The next day, after receiving permission and making arrangements with Council representatives for the grave to be dug in the local cemetery, Rachel's body was transported, effectively in disguise, from the mortuary to the cemetery gates in an ambulance, with military personnel accompanying as an extra security measure. The Christian practice of a *wekin* (vigil) the night before the burial at the house of the deceased was abandoned, and – inverting the usual practice – a church service was performed after the burial, without the body present. Some local young men volunteered to carry the coffin to the grave, after purposefully donning the disposable blue medical gloves that were handed as an Ebola-inspired safety precaution. The ambulance hurriedly left the scene. As the body was lowered into the ground, uniformed girls from Rachel's husband's school sang a hymn. Before they had finished, the volunteers had already begun helping the regular cemetery gravediggers to fill in the grave, hoping to speed up the job. As the crowd – mostly dressed in black and white – was dispersing, a local fixer collected money to tip gravediggers and cemetery staff. The remaining mourners stood by, carefully observing the filling in of the grave, and the collecting and counting of the money. In the heat of the midday sun, it

occurred to me that the gravediggers, volunteers, and witnesses were performing two stressful tasks: burying a loved one, and 'burying the evidence'. The burial was improvised and hybrid: informed by 'enduring' obligations of customary funerary obligations, yet adapted with respectful reference to the biomedical norms introduced by burial teams, as well as genuine acknowledgement of the risks of infection and punishment for illegal burial.

'Safe and dignified burials'

The regulation of burials, deemed key sites of Ebola transmission, was a top priority in the Ebola response. The Ministry of Health and NGO-run burials teams were mobilized to perform all burials at official cemeteries. As a friend told me, 'now if anyone is sick they treat it like Ebola'. For home deaths, family members were required to call '117', an emergency service that would co-ordinate with a burial team stationed in the vicinity to collect the body within 24 hours. If the death occurred in a medical facility, as with Marie, staff would co-ordinate with the team. Freetown was divided into 4 bases, with about 20 teams serving the city. The teams were initially managed by the Ministry of Health and Sanitation, but in October 2014, many of the responsibilities of managing, recruiting, training, and funding were handed over to NGOs.

Each burial team had 12 members with a variety of roles: drivers, stretcher-bearers, chlorine sprayers, navigators, and a team supervisor, although roles were often interchanged informally on the ground. They operated two white jeeps, one for the personnel and equipment, and one for the bodies. The teams consisted primarily of young men, from various Sierra Leonean tribes, in their 20s; team supervisors were sometimes

older[4]. Formally, all members of the team were paid the same rate (roughly US$100 per week), regardless of role. A separate government-run documentation and swab team followed the burial team on motorbikes; their responsibility was to conduct Ebola tests on the corpses, which would be processed within 42 hours, and to collect data concerning the deceased and surviving family, the nature of the illness, and the reported cause of death[5]. Since burials were performed before the result of the Ebola test was processed, the body was handled only by trained specialists who would dress in a new set of PPE for each body collected, and were sprayed with chlorine immediately after the body had been placed in the jeep. If the result was positive, a separate team, including members of the police, quarantined for 21 days (the incubation period of the virus) the house where the person had died. Initially, in the latter part of 2014, burial teams were faced with a backlog of cases, and bodies were regularly left in streets. By early 2015, after more funding, training, and new management, the burial teams became proficient at performing their duties 'like clockwork', according to the expatriate manager at the Irish NGO responsible for managing the burial team I followed. The team supervisor, a sweet fatherly figure, told me proudly that no burial team members had died of Ebola in Freetown.

The burial teams made admirable efforts to perform 'safe and dignified burials' (their slogan) in consultation with mourners. They attempted to give family members time to pray safely over bodies, they permitted up to 10 mourners to be present at the cemetery during burials, and they often facilitated requests that would not impede safety, such as agreeing to dress or wrap the body in ways requested by mourners. Burial teams could be convinced to drive past the churches where funeral services were being held on their way to the cemetery. Team members often exchanged private telephone numbers with the families of the deceased to facilitate mutual updates; at the same time informal mediators

from the community's side emerged to facilitate communication between the burial teams and mourners.

Despite these efforts, the burial teams acquired a reputation for being hard to negotiate with. This was in part because their members were often 'unknown' to the families of the deceased. Given the widespread practice of working through or making personal contacts, this lack of familiarity challenged established methods of dealing with authorities and bureaucratic entities; no channels or *sababu* (connections) were in place to facilitate negotiation. Another factor was that, once the responsibility for administering wages was transferred from the Ministry of Health to NGOs, burial team members were paid more reliably and at higher rates than most had ever experienced before. They were thus less open to bribery, and more likely to stick to their SOP, than other officials. When they were willing to take the risk of diverting from these procedures, it was for members of their own family or community - not necessarily in return for direct payment but mindful of the obligations towards closely connected people. But this kind of responsiveness could carry harsh penalties. As my burial team supervisor told me when it emerged that a colleague had illegally performed a burial in an unofficial cemetery - a transgression for which he was ultimately dismissed - 'that's fine to help the community, but the community won't pay you 500,000 Leones ($100) a week'. Their tendency to be impervious to bribes and special pleading was one source of the popular antipathy towards the burial team and accusations of immorality.

Tensions surrounding the activities of the burial teams were heightened by the fact that the majority of members were young men. The socially marginal position of 'youth' in West Africa is well documented, with many deemed unable to accumulate wealth and achieve

social seniority (Abbink and Kessel 2004, Honwana and De Boeck 2005). This marginality was invoked by complaints that burial teams were drunk, high, disorderly, or disrespectfully dressed. Similar discourses were linked to combatants and ex-combatants from the recent civil war, which was in part a generational struggle (Richards 1996, Peters 2011). Management of the dead by young men, while potentially dangerous and stigmatizing[6], was equally an empowering act. By comparison, in Kinshasa the taking over of cemetery management by youth was viewed as a radical statement of protest against the authority of elders, ancestors, and the state (De Boeck 2009:246). In this case they were also the beneficiaries of formal employment for the first time, which was being used in a variety of ways: saving money to buy land and vehicles, for school or college fees, or for migration programmes; investing in informal businesses; supporting family and friends through hard times; and living 'big' while they good, visibly consuming imported technological goods and flashy clothes. Employment conditions were also a source of anxiety; no-one knew when their jobs would end. The country would be declared Ebola free 42 days after the last detected case of Ebola, a measure determined by the World Health Organisation. The fact that burial team members were benefitting from 'Ebola money' was a source of criticism. The strongest criticisms, however, were mobilized against political elites accused of siphoning off for personal use the considerable sums that were entering the country, yet not participating in the dirty, risky work on the ground.

Following Durham's (2000) characterisation of African youth as 'social shifters', it seems significant that many of those entrusted to act as mediators between the state of emergency and the public during the crisis were young men and women, who were perhaps especially capable of juggling and undergoing the necessary transformations between numerous positionalities – high and low, and 'black' and 'white'. Striking

transformations were performed on a daily basis, as the team's pristine white jeeps rolled up to the location where a body was to be collected, and the stretcher bearers and swab team started donning fresh PPE at the back of the jeeps until they were fully masked. They would then perform the duties of burial team, which included not only collecting the body, but also, at times, participating in Muslim and Christian prayers. The body was placed in one of the vans, the PPE was removed, and the boys were back on the road. Lively conversation, banter, and light-hearted argument resumed until they reached the Waterloo cemetery that afternoon, the PPE was once again donned, and bodies were carried to pre-dug graves. The PPE facilitated their transformation from black men to racially ambiguous experts, masked in a uniform of the 'white' world. Their adherence to professional protocol temporarily positioned them as 'white' actors who would not work through established 'black' networks and conventions where the elite and well-connected could bend the rules in their own favour. Perhaps it was not coincidental that many used their hefty post-Ebola redundancy pay for migration programmes after the crisis ended.

'Black' and 'White' death

Tensions between local practices and expectations surrounding death and those imposed under the state of emergency were often framed by my informants in terms of 'black' and 'white' – racial categories through which cultural norms and values are complexly coded in Freetown. The 'black system', also called 'African', referred to notions of local culture, while the 'white system' referred to foreign, western culture. In the 'white system' people are seen to act according to fixed principles and cannot be convinced to alter their professional responsibilities. The burial teams were formally trained to adhere to this ideal, which included treating all dead bodies and mourning families the same, regardless of age, status,

or personal connections. In the 'black system', by contrast, people are seen to show bias towards some over others, particularly their 'own people' (family, friends, community), and sometimes those more senior, or those who offered money that trumped professional responsibilities. The 'white' and 'black' systems were, for most of my informants, both positive and negative, often depending on the positionalities of the actors involved. The 'white system' was at times admired as principled, fair, and necessary for 'development', and the 'black' as backwards, selfish, and self-destructive. Yet at other times the alternative evaluations were made: the 'black system' indexing enduring values such as tradition, care, and respectability, as well as adaptability and resilience, and the 'white' of greater material and temporary value, or (although rarely thus articulated), as oppressive and cruel. During the Ebola crisis, these opposing moral evaluations became starker than usual. The 'black system' was represented in a dominant discourse in the Ebola response as an obstacle to eliminating the virus. As the burial team supervisor once told me: 'culture is the problem here'. Yet for many the positives were just as strongly felt – particularly in terms of traditional commitments to care and support which were crucial during hard times.

The 'black' and the 'white' categories represent contrasting temporal orientations, a recurring reference point throughout my fieldwork. 'White time' referenced an abstract ideal of events occurring in a pre-determined and predictable manner that was often at odds with the reality of life (and death) in Freetown, which necessitates operating in 'black time'. Through the 'white' lens, this might be seen as 'being late', but through the 'black' lens it signalled adherence to an implicit sense of the 'right' time, which factored in the juggling of social obligations, as well as the endless practical obstacles – broken down cars, unavailable funds, sudden illness or death – that Freetown residents routinely navigate. Burials are a heightened case of this, where the temporal consequences include the

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'eternal' fate of the deceased and the most 'enduring' of social and ritual obligations, yet volatile circumstances require flexibility and adaptability 'in the moment'. As death in the time of Ebola made plain, the clockwork of 'white time' - while exemplifying Weberian bureaucratic order - presented a form of cruel impersonal disorder; a metronomic punctuality opposed to the comforting rhythm of activity typically associated with 'good' death.

Alongside the discursive mobilization of the categories of 'black' and 'white' by my informants, they took on embodied forms. As Fassin points out, 'The body is precisely where the three dimensions [of race] are articulated: the violence of racialization is exerted, experienced and performed though the body' (2011:428). In Sierra Leone, the body is a primary site where the country's traumatic history of slavery holds enduring meaning, in day-to-day movements through historically embedded landscapes, and in ritual (Ferme 2001, Shaw 2002). Bodily performance and embodied memory escapes the limits of discourse. Not only are they particularly suited to making sense of violent and traumatic histories, but they also allow for flexibility and ambiguity beyond what is discursively possible. The centrality of the body in funerary ritual, both of the dead and the living, may explain why burials were key sites for reconciling the 'black' and the 'white'. Burials are powerful moments when transformations of embodied identities take place, in large part through the enactment of 'techniques of the body' (Mauss 1973), such as the socially meaningful acts of washing, dressing, and burying the corpse.

With 'black' death, the body was recognized as member of a family and community, who would both gain safe passage to the world to come through religiously informed ritual, and receive a final claim to status among the living. 'Secret' burials aimed to achieve this

through their attempts to adhere to existing practices and to work with established, though marginalized, bureaucratic and authoritative channels. With 'white' death, the body was hazardous material requiring specialist training to handle and dispose of safely, in order to protect the corporeal world from the further spread of Ebola. Burials performed by the burials team constituted the dead as part of a cruel 'mass' death, in large measure because of their strict adherence to uniform, biomedically informed procedures that treated all the dead as 'Ebola' victims, regardless of their cause of death.

While these categories referenced idealized cultural practices, as well as individual and collective identities, the boundaries between the 'black' and the 'white' were in practice blurred and shifting, in part because of their embodied as well as discursive character. Many actors in the ethnography transform or mediate between them, taking on features of both. This was evident in the daily transformations of the burial team described above. The gatekeeper of the Waterloo cemetery, and by extension the 'white' system, dressed not in the uniform of a recognizable official but in the style of a *raray boy* (street youth). The permanent hospital staff who would not allow access to Marie's body because of the 'white doctors', thus aligning themselves with 'white' institutional professionalism over 'black' influence through personal connections. The Congo Town representatives of the city council who brokered 'secret' burials, similar to pre-Ebola burials but adapted for the crisis. Perhaps even 'the German', the gatekeeper of the connection to Europe of Marie and her family, who was transformed from a 'white' European to a 'black' representative of Freetown's illicit underworld. The balancing of 'white' and 'black' systems is required to varying degrees of all Freetown residents on a daily basis. During this period of crisis and the resulting international stranglehold, however, the 'black' and 'white' were more in evidence and more volatile than usual.

Transformation and mediation between ambiguous racial categories have a long precedent in the region's violent integration into the Atlantic system, and notably in Freetown among the *Krio*, the decedents of the city's freed-slave founders. Shaw has convincingly demonstrated that the historic transformations and upheavals of slavery resonate to the present day: 'the development of a landscape of terror and capture; the exchange of commodified people for important money and goods; and the growth of new kinds of leaders whose power and wealth were derived from this exchange' (2002:11). Freetown has continued to serve as an unstable global hub in the post-colonial period, where the balancing of 'black' and 'white' systems is of continued significance. The civil war saw the rise of NGOs, humanitarian interventions, and international peace-building initiatives, along with the proliferation of human rights and development discourses. Yet rather than eliminating distinctions between the 'black' and the 'white', as universalist discourses might be expected to do, these categories have in some senses been pitted against each other. Benton has argued that humanitarianism in Sierra Leone reinforces racialized non-equivalence in the valuations of human life (Benton 2016). Other analyses have highlighted the ways that human rights discourses can become locally meaningful in ways antithetical to the international organizations that promote the discourse (Ferme and Hoffman 2004), in some cases facilitating the resurgence of local 'ritual knowledge' over the hegemony of Western education in the context of economic failures (Shaw 2002:23).

Analyses of the Ebola crisis have similarly highlighted the conflict between local culture and foreign norms (Fairhead 2016), or have shown how local culture was largely neglected by the international response (Richards 2016), thus reinforcing rather than blurring the fault line between the two. Taking into consideration how this conflict was locally framed and enacted with reference to the 'black' and 'white' categories, I suggest that the Ebola

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crisis was on the one hand understood as a clash between two distinct cultural systems, or social 'orders', but that on the other hand, hybridity, brokerage, and creative movement between these systems was both possible and locally meaningful, albeit far from symmetrically given the sizeable muscle and coercive potential of the well-funded state of emergency. For example, the burial teams, which aimed to facilitate 'dignified' burials, formally incorporated customary ritual into their procedures, alongside some degree of informal flexibility and accommodation on the ground. Equally, 'secret' burials became much more bureaucratically informed than usual, incorporated safety protocols, and were often performed more quickly and in a lower key than they might usually have been.

Recognition of both categories, and brokerage between them, are long-standing mechanisms for forwarding political claims in Sierra Leone. Death and burials are key moments when statuses and hierarchies are destabilized and constructed, which were in a particular state of flux during the crisis. As Hallam et al. point out: 'The body in death highlights the passage of time, the inevitability of physical transformation, and thereby acts as a powerful reminder that the self is subject to change' (1999:4). This article has highlighted how such claims to status became subsumed within the larger social and symbolic orders of the 'black' and 'white', both of which were reignited with potential for making claims during the period of national crisis. Their low status as youth enabled burial team members to promote themselves as gatekeepers of the 'white' system in which established hierarchies and preferential treatment were eroded by a powerful human-rights discourse that demanded the equal treatment of all bodies. Such claims had the backing of the state of emergency. 'Secret' burials, facilitated by established connections and resources that higher-status families were able to mobilize, allowed the authority of the 'black' system to trump the novel laws and protocols of the state of emergency.

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Conclusion

So what do burials during the Ebola crisis tell us about the relationship between 'good' and 'bad' death and social 'order' and 'disorder', in light of the work of Hertz and his followers? They suggest that they are indeed related, which becomes particularly clear during crisis and disorder. During Ebola, their relationship could not have been more overt: the regulation of burials was a principle concern of the international response, and challenges surrounding funerary rites were a defining experience of the crisis for Freetown residents. It was through imposed 'Ebola' burials that the 'disorder' of the Ebola virus was contained, yet it was those same practices that constituted those who received them - a far greater number than those who died of the virus – as part of the 'mass death' of Ebola. Significantly, however, Freetown residents were not working with a singular notion of 'order' or 'disorder', but drawing on two: the 'black' and the 'white'. It was not simply that 'white' order represented disorder in local understandings, although the conflict was acknowledged in this language; rather, both simultaneously represented 'order' and 'disorder' for local residents. Buried beneath these normative tensions was a conflict between, on the one hand, the new authorities and protocols of the state of emergency, and, on the other, established authorities, connections, and bureaucratic channels. Navigating this disjuncture became a key characteristic of living through the crisis, which came to the fore when pressing obligations, such as those surrounding, death, came into play. The continuity of social life, through the performance of ongoing practices in negotiation with familiar authorities, social networks, and temporal expectations had to be reconciled with the dangers of Ebola and the novel regulations and structures of the state of emergency.

These challenges, however, were not entirely unfamiliar. Securing 'good' death is never straightforward in Sierra Leone's unpredictable and volatile environment, where flexibility in the performance of ritual is a necessity. Securing a 'good' life is an even greater challenge. By virtue of the close-knit nature of family and community life, not to mention widespread material scarcity and lack of adequate medical facilities, death is always close at hand. Tensions, conflict, and controversy are often present at funerals, along with the recognition that things might not go according to plan. Equally, Sierra Leone's long history of reconciling 'black' and 'white' is a source of considerable scope for the fluidity, hybridity and creative brokerage through which new orders were forwarded. Ebola did not introduce the racial coding of 'culture', but triggered a highly developed system of classification that is a constant reference point in Freetown. Ebola did, however, inject these categories with renewed meaning and potency, in part because the categories of 'black' and 'white' were so evidently in dialogue and conflict in 'real time' during the crisis. Burials became a primary interface between Freetown residents and these competing systems, and thus were both emblematic of the crisis at large and reflective of the continuing challenges of life and death in post-colonial Africa. Considering the turbulent and violent history of Sierra Leone, perhaps it is wrong to assume a singular social order has ever existed, at least not in the last 500 years. If, however, any 'order' can be identified, it is one in which 'black' and 'white' systems are in conflict and dialogue, through which moral communities continue to be built.

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Notes

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[1] The co-operation and 'coming together' that I observed, especially in urban and family contexts, is underrepresented in many accounts of the crisis.

[2] Participation in secret societies is more limited in Freetown than rurally.

[3] At our first encounter, I was surprised to discover that 'the German' was black, and he was surprised to discover that the family's lodger was white. After some time in the field, I earned the somewhat lighthearted nickname 'black man in the white man's skin', evidence of non-essentialized local understandings of race.

[4] Communication was in *Krio* and occasionally in English, and tribal differences were rarely articulated by the team members.

[5] The MoH's unwillingness to pass responsibility for Ebola testing and documentation to NGOs were widely discussed in Freetown. Critics suggested that it allowed beneficiaries of 'Ebola money' to keep funds flowing. Perhaps some mistrust between authorities explains why the burial teams were trained not to adjust their protocols, even if a negative Ebola test was provided.

[6] The NGOs were very attuned to dynamics of stigmatization that team members might experience in their communities, offering extensive 'pyscho-social' training programmes.

Figure 1.

Figure 2.

Figure 3. Marie photographed one last time before her burial at the Waterloo Cemetery

Figure 4. Members of a burial team participating in Muslim prayers over the body of baby