

Mistrust During the Ebola Epidemic in Guinea

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After the World Health Organization declared the outbreak of Ebola in Guinea in spring 2014, the subsequent campaign announced to combat the epidemic aroused many cases of resistance and reluctance. This was often expressed, especially at the early stages of the crisis, by acts of violence provoking wounds or death. Later, fearing armed repression, communities opted for more silent forms of resistance, combining an apparent submission to the new measures with passive resistance and sabotage of public health measures. Violent resistance occurred, at first, in the Forest region, before spreading to the Coastal region, following the evolution of the epidemics. Among the four natural regions of Guinea, Ebola especially affected the Forest region, where it started, and the Coastal Region, where it lasted for a very long time, especially in the capital Conakry and in the districts of Dubreka, Forecariah and Coyah. The Region of High Guinea, quickly rid itself of the epidemics, as did the only town of Mid Guinea that was affected by this illness, Telimélé. Such acts of resistance were often directed towards workers of the Coordination of Riposte against Ebola, sponsored by the state with the assistance of NGOs and International Institutions, such as WHO, that played a preeminent role. This Coordination, guided by the Direction of Prevention and Public Health, was headed by Dr. Sakoba Keita, a senior medical doctor who had much experience in directing campaigns against infectious diseases. During the Ebola epidemic, the Coordination enjoyed a high degree of independence from the Ministry of Health and was present, through local branches, in all the regions affected by the epidemics. This Coordination involved many professional groups, such as physicians, specialists in public health, social anthropologists and communicators.

Even though their purpose was to protect people from this mortal disease, representatives from Riposte were met either with open hostility, or with suspicion, even in villages where hospitality is a social value and strangers are welcomed more warmly than in towns. According to our observations, villagers were hardly answering greetings and created a cold, tense atmosphere. For example, a seven-year-old child was violently summoned by his parents to come

back while he was running joyfully towards Riposte workers, in order to welcome them in a village. In another village, people refused to gather and pray, after noting that a young female doctor had entered the mosque; they suspected her to have sprayed something in order to contaminate the congregation. People also expressed their hostility and mistrust by throwing stones at Riposte workers, by abducting them, or by blocking the entrance and the exit from villages, as if they were enemies to trap. The most violent episode took place in Womey, a very isolated village in the Forest region. Here, ten members of a delegation, which had come to inform the local community about Ebola, were killed by furious peasants who were convinced that their aim was to spread the epidemic to their village. Every person working for Riposte was stigmatized within his community and even in his own family, because he was thought to be earning 'Ebola money' resulting from the 'Ebola business', which was earned from the misfortune of others. All the symbols of Riposte were rejected, namely white jeeps with Red Cross logos, the protective uniforms of their health workers, and the hand-washing kits that are, even to this day, seen as tainted by association to the epidemic and, thus, rarely used despite the official recommendations. For instance, in the Coastal region, near the little town of Tanene, an ambulance, transferring Ebola patients to the local hospital, was pursued, blocked and burnt, while the sick people were 'released' and brought back to their home village, thus provoking a widespread infection.

How is it possible to explain, from a sociological and anthropological point of view, the widespread, unprecedented mistrust that aroused the astonishment and the incomprehension of many Riposte workers? The media coverage of the epidemic mainly conveyed the idea that attitudes of resistance and reluctance were the result of illiteracy, isolation, backwardness of Guinean rural populations, unable to understand the necessity of implementing public health measures. However, anthropological analysis based on fieldwork points to more complex reasons for resistance and reluctance. These are rooted in the particular socio-cultural features of Guinean society and in historical, political and economic factors. Our main hypothesis is that the epidemic of Ebola triggered off many latent conflicts where mistrust played an important role. Such tensions oppose individuals against one another according to their political, ethnical, socio/professional affiliations or, more generally, their respective inscriptions in the social world. In this chapter, we would like to analyse such conflicts and to show how they have shaped reactions to the Ebola epidemic.

Even though hostile attitudes have been targeted as 'reluctance' during the epidemics, we think that it would be more useful to introduce a distinction between reluctance and resistance. Actually, we maintain that the generic word of reluctance has led to an understatement of very hostile and violent reactions to Riposte. We propose, in this chapter, to consider reluctance as the hesitation, tinged with mistrust, to adhere to the measures of public health. We use the

concept of resistance to define defensive actions undertaken to counter Riposte activities. Generally, such actions are collective, concerted within a village or an urban area and range from silent forms of refusal to overt, violent conflict. Such actions were motivated by the fear that Riposte workers may introduce the deadly disease into their village or urban areas, or by the terror that a member of the community could fall under suspicion of infection and be sent to the Centre of Treatment of Ebola (CTE), where death would be the certain result. Inhabitants also feared that their site would be stigmatized and avoided as a place affected by Ebola, where nobody comes to visit relatives, or to buy and sell items: during the epidemics, for instance, bread sellers systematically avoided villages where there had been cases of infection.

It is interesting to note that, throughout the epidemics, ways of resisting varied according to gender and generation. Typically, when Riposte workers arrived in a village or in an urban area, women would scream, expressing their anger, indignation and suspicion at the sight of 'Ebola people', who were thought to have come with the intention of introducing the illness into their village or urban area, or to enforce unwelcome measures of public health. The women's screams alerted young men, who would surround the strangers to block their exit, or start throwing stones. Elderly men, on the contrary, preferred silent resistance, as they used rhetoric grounded on Islamic religion or oral tradition to show apparent obedience, behind which was a hidden refusal to comply. A common strategy was to obtain all the advantages of the Riposte interventions (for instance financial assistance and food supplies for affected villages), without actually respecting public health measures.

From a methodological point of view, this reflexion is based on research led by Abdoulaye Wotem Sompore over a year and a half in different areas of Guinea, as a social anthropological consultant of the World Health Organization.

MISTRUST IN THE MAGICAL INTERPRETATION OF THE CAUSES OF EBOLA AND OTHER DISEASES

As noted by Andreas Zempleni (1982), in African cultures the aetiology of illness is generally explained by the evil desires and intentions of an 'Other', that can be a human being or a supernatural entity, pushed by resentment and eager to take revenge. The discovery of the identity of this angry, displeased creature, and the identification of the reason of its dissatisfaction, leads to a ritual treatment performed by an individual, a family or an entire community. In the village of Melandou, where the epidemic started, Ebola was firstly considered as a curse of God, triggered by the ancestors' displeasure and anger with the behaviour of their offspring. During an interview, a young teacher working in the school of Melandou said: 'As we had never seen such an illness, we thought

that we had done something wrong and that our ancestors were angry with us. That's why we made a lot of sacrifices, but the disease didn't stop killing people' (Interview with A.W. Somparé, in Melandou. February 2015)

As explained by Favret-Saada (2000), recent Africanist anthropological literature usually considers witchcraft within the framework of social conflict, following the pattern of accusations, which are of interest because of their capacity to reveal social tensions. Evil intentions, provoking illness or death through witchcraft, are generally ascribed to people whose position in the family structure can easily lead to overt or latent conflicts: consequently, a woman can be accused of having bewitched her co-wife, a paternal uncle or a step-mother may be suspected of having put a spell on a young man, causing the failure of his projects, illness or death. As noted by Alain Marie (1998) such accusations may increase in times of economic and social crisis. Nonconformist, marginal individuals, such as independent women acting in a 'virile' way and lacking their family's protection, are the classic culprits of such accusations, as the scapegoats that can be indicted and punished without disrupting social cohesion. Accusations of witchcraft are intimately related to mistrust inside a family. According to local beliefs, in Guinea a witch or a sorcerer can only kill people in his own family, or exchange his victims for those of other colleagues. Previous conflicts are a breeding ground for mistrust within the joint family, leading to accusations of witchcraft, especially in lineages at the top of the traditional social hierarchy, where successions and power issues arise durable rivalries. Furthermore, such accusations also find a breeding ground in pre-existent latent ethnic conflicts. In May 2011, in the rural district of Galakpaye, for example, two communities that used to coexist peacefully, the indigenous Kpèlé and the Malinké, coming from another region, decided together to consult a traditional healer to discover the cause of a mysterious series of deaths. As a malinké old man was accused to be the sorcerer at the origin of these deaths, which were interpreted as magic murderers, he was immediately killed by relatives of one of the victims, who was a Kpèlé. The two communities turned one against the other, starting an extremely violent conflict, in which twenty-five people were killed.

Allegations of sorcery also reflect generational conflicts or social cleavages among family members who have become successful urban dwellers and relatives who have remained at the village. Paradoxically, even though villagers count on the financial assistance of their urban relatives and hope that they will obtain good jobs, enabling them to help the whole village, they are also suspected of being jealous and of trying to bewitch successful members of their family. That is why, in Guinea, many town dwellers are reluctant to get back to their village if they succeed, even if they provide financial assistance. According to Alain Marie (1998:108), the fear of witchcraft is functional to the maintaining of family solidarity, as it prevents successful individuals from detaching from

their lineage and exhorts them to share their resources. Promising young people who have left the village in order to study and work in big towns are thought to be the favourite victims of jealous, unsympathetic old people within their lineage.

A tragic example of this attitude can be found in the spread of Ebola to a small village at the very South of Guinea, in the prefecture of Lola, at the border with Ivory Coast. In January 2015, a young student based in Conakry decided to spend the Christmas holidays in his native village. During his journey from the capital, he stopped at his girlfriend's house, in Guéckedou, a big town of the Forest Region, where he was probably contaminated. He showed the first symptoms of Ebola in his village and, after his sudden, inexplicable death, some old women of his family were accused of witchcraft and summoned to drink the water used to wash the corpse, in compliance with the rituals of enquiry and repression of sorcery. In so doing, they were infected with the virus and died, but their fellow-villagers regarded their death as a proof of their guilt: according to local beliefs, if they had been innocent, they would have survived.

In other villages, namely in the Coastal region, people rejected the idea that this mysterious illness was actually Ebola, as they interpreted it as *fossi*, a soussou¹ word to indicate the supernatural punishment of an evil action. The victim of a wrongdoing may ask someone endowed with magic powers to take revenge, thus causing the death of the guilty individual and his household: a series of deaths within the same family, during the epidemic, would often be interpreted as *fossi*. However, according to popular beliefs, *fossi* is dangerous because, if the accusation is false, it can turn against those who ordered it, exterminating their family. For instance, in Tamaransi, in the prefecture of Boké (Coastal region), some people still deny the existence of Ebola in their village; on the contrary, they explain that people were killed by *fossi*. A family, where a child died in a strange road accident, was suspected to have called curses upon a fellow-villager. However, as these accusations proved to be groundless, the supernatural punishment turned against those who had commanded it. In Tercé, another village of the coastal region, a young health worker said: 'I don't know what my relatives have in mind, they don't understand anything. We are poor, we suffer from this terrible epidemic, but they are convinced that it's *fossi*. While people are dying, they don't stop making sacrifices and killing big cows, in order to fight against witchcraft' (Interview with A.W. Somparé, Tercé, October 2015). This comment shows the existence of concurrent, contemporary logics of public health, as noted by Fassin and Dozon (2001). While complying with health measures grounded on scientific rationality, enforced by the Ri-

1 | Soussou is the main language spoken in the capital, Conakry, and in the entire Coastal region.

poste, people also adopted their own preventive measures, based on traditional representations of illness.

These beliefs are based on a magical and religious interpretation of disease, that is grounded on a persecutory model, strictly related to mistrust, in which latent conflicts within and among lineages appear as the causes of epidemic. Mistrust leads villagers to suspect other people of evil intentions dictating witchcraft attacks: that explains why they use *fossi* to take revenge and to punish the guilty. These convictions represented a serious obstacle to the eradication of Ebola, as they sometimes led people to reject public health measures and to seek traditional treatment through healing rituals. These ceremonies often prove extremely expensive, within a context of generalized poverty, and often get families into debts. Furthermore, the hunt for scapegoats also harmed or killed people in some Guinean villages.

THE GREED FOR GAIN AND THE ‘EBOLA BUSINESS’

During the Ebola epidemic, in every coffee bar, market or meeting point, people would invariably talk about the ‘Ebola business’, branding the workers of the Riposte as opportunists taking advantage of the crisis and wishing that it would last as long as possible, as it coincided with a huge improvement of their economic situation. They were even suspected of inventing false statistical data, in order to present a critical situation, worse than reality. However, even in other contexts and situations, there is a widespread fear that individuals seek enrichment, regardless of any ethical or moral considerations. This is particularly evident in economic transactions and in the relationship between the population and civil servants.

In economic transactions, customers are extremely suspicious towards traders and sellers. Within a context of extreme liberalization, the Guinean markets are inundated by a wide range of products with doubtful origins, whose prices are not fixed, but flexible and subject to negotiation. In a normal transaction, sellers tend to fix a very high price, whereas customers propose a very low one, until they reach an agreement somewhere in the middle. Even though everyone accepts this way of negotiating prices, traders are suspected of trying to sell items of bad quality, or out-of-date food, dangerous for the customer’s health. They are also accused of fixing prices according to the customer’s appearance, which reveals social status or an ethnic identity. For instance if, during the transaction, the buyer speaks French, this immediately reveals that he is an educated person, likely to afford a higher price. People also condemn the fact that prices increase during the Ramadan period, when customers, particularly careful about having a rich dinner after a whole day of fast, tend to spend more money on food. Even if the rise of prices correspond to the market laws

of offer and demand, this escalation is considered to be an expression of the greed of Guinean traders. That explains why they allegedly take advantage of their customers even in moments when people are supposed to behave in a religious manner, showing charity and altruism. At the end of the day, dealers are accused of seeking gain regardless of any other consideration. The only way to avoid abuse, according to most people, is to get close to them, to establish warm relationships, so that a trader will be reluctant to cheat them. A woman buyer and a woman seller may, for instance, become 'aimées' (loved ones), a term that indicates a special consideration for one another, close to affection. When a person says: '*Je suis ton client*', (I am your customer), he means that he is a regular buyer, whose trust must be preserved: good prices should be fixed and bad-quality items should not be sold to him. As in public services, personalization of the relationship appears to be the best way to diminish mistrust and to avoid cheating.

It is important to note that this negative representation of traders, who 'would even sell their mothers for money' is rooted in the demonization of this professional group enhanced by the first socialist regime, headed by the President Sékou Touré, who governed Guinea from the Independence in 1958 to 1984. During this period of state controlled trade, those undertaking private, clandestine business were branded as enemies of the people who sought individual profit instead of supporting the collective effort towards the development of the economy. In the second, liberal regime, marked by a coalition between big traders, dealing with import-export, and high public officials, traders were considered as members of a corrupt elite that was dipping into the state coffers in order to become rich in a context of general, dramatic impoverishment. The frauds occurring during the earthquake that struck the mountain region of Moyenne Guinée in 1984, or the Kankan inundation in 1990, confirmed such representations, as aid sent to help the victims of these regions was misappropriated and, thanks to the complicity of public officials and traders, goods were put up for sale on local markets. In the same way, during the Ebola epidemic, workers of the Riposte, charged of the distribution of free hand-cleaning chlorinated products, were suspected to have sold them to traders.

Furthermore, as in the capital Conakry most traders belong to the Fulani ethnic group, the largest in the country, prejudice towards traders is also due to an ethnic bias against this group, which is feared for its economic power. During the liberal regime of Lansana Conté, many Fulani cattle-breeders, who had economic capital and a culture of money saving, took advantage of the liberalization of trade to move to the capital, where they became important shop owners and import-export traders. Some of them, who did not possess economic capital, accepted to work as domestic workers, in order to accumulate savings and start small commercial initiatives. Within the framework of the bipolarization of political life, many Fulani support the main Opposition party, UFDG,

headed by a Fulani leader, Cellou Dalein Diallo. Fulani dealers are particularly manifold among his supporters and finance political campaigns and party activities. They usually take part in popular demonstrations of the opposition party against the government, closing their shops in protest and in solidarity with the cause, and also to protect themselves from robbery or vandalism, frequent in such events. However, other inhabitants of Conakry interpret this behaviour as an arrogant exhibition of their economic power. According to some comments, these shop owners show that they have the power to starve the inhabitants of the capital if they want to, so that the closure of a shop is perceived as a veiled threat. Besides, in periods of political tensions, when different ethnic groups compete for power by supporting different political parties, Fulani traders are reproached for fixing high prices for Malinké customers, who generally support the standing president, Alpha Condé. On the contrary, they are said to be more flexible with customers with whom they share the same ethnic identity or, at least, with those who speak their language, *pulaar*.

POPULAR MISTRUST TOWARDS PUBLIC OFFICIALS

Within a context of corruption and clientelism, users show a deep mistrust towards public officials. Here, the state is not to be considered as an abstract moral person that would guarantee everybody's welfare. On the contrary, it appears as a concrete reality, charged with the interests of individuals, families and communities. For many Guineans, the state is endowed with plentiful, almost limitless resources, accessible by obtaining, for oneself, for a family or a community member, a strategic job in the public service. In such a context, public officials, even if their post does not allow them to dip into the state coffers, are suspected of being corrupt, of acting according to clientelist and nepotistic logics. Some teachers, for instance, are alleged of taking advantage of their position to elicit something close to bribes from pupils or families: for instance, when parents are asked to buy school materials, this is interpreted as a kind of extortion.

During the Ebola epidemic, it is particularly important to consider how such representations act on the relationship between population and medical staff, who are generally perceived as a group of acquisitive individuals, more interested in their own gain than in the health of patients. Such behaviour is suspected particularly in interactions between strangers, those who do not benefit from a personalized relationship based on friendship or kinship. (Jaffré and Olivier de Sardan 2003). In private clinics and public hospitals, patients are systematically asked to pay for medical care. For instance, a patient suffering from an asthma attack will not be treated unless he can afford to buy a bottle of oxygen or other products. 'Tips' are often required to ease procedures, for instance

to shorten a waiting queue for a radiography. As Jaffré (2003) observes, such practices are often considered normal by the medical staff. Sometimes, they do not really reflect any intention to earn money through corruption, but are simply part of the habits of a professional group in a given health centre. Furthermore, members of medical staff have a different status: in public hospitals or health centres, besides public servants, there is a profusion of 'trainees', who do not earn a regular salary, but only 'bonuses' or 'transport fees'. Thus, their precarious economic conditions make them particularly prone to corruption.

Cases of death occurring in families who cannot afford treatment receive a lot of media attention, thus encouraging mistrust towards medical doctors and putting a question mark over their morality and deontology. Following the logic of collective action, the errors of some individuals are attributed to a whole professional category. However, the supposed 'greed' doctors have for money is one of the reasons behind mistrust during the Ebola epidemic, a situation that obliged institutions to pay attention to the health conditions of every single person. People were constantly exhorted to go to the surgery, were monitored and submitted to a form of control of their daily life that, as observed by Gasquet-Blanchard (2014), was perceived as domination. The will to control the body of individuals, considered as an object of public health, what Foucault described as 'biopower', appeared almost inexplicable for people who were used to falling sick and dying to the total indifference of the state. The same patients were now obliged to attend the hospitals and clinics that had always rejected them before because they could not afford to pay for treatment. During a campaign of 'active research' of Ebola patients in Forecariah (Coastal Region), where doctors would come to each concession to ask the family head about the presence of sick people in the household, a man commented:

It is strange. Since the creation of Guinea, when someone is sick, he goes to the hospital. We have never seen doctors coming to our home to check if we feel fine. This is really astonishing, because in the past we were not welcome in hospitals, as we are poor. Now, they insist in taking us, or our relatives, to the hospital. What do they want to do to us? (Interview with A.W. Somparé, Forecariah, August 2015)

As a matter of fact, on these occasions, family heads tended to deny systematically that someone was ill in the household, saying that everybody felt perfectly fine. The camp hospitals that had been quickly implanted in many villages, where doctors were disposed to treat any kind of illness for free, were absolutely deserted.

Furthermore, health measures were perceived as an injunction of the state in compliance with foreign partners, suspected of imposing a form of neo-colonial domination, hidden behind the idea of defending global health. Some of the most terrifying rumours collected during the epidemic conveyed the

idea that physicians, who were supposed to treat patients, were actually killing them, in order to sell their organs and blood to rich citizens of western countries. The fact that, in the first phases, people were not allowed to see the body of their relatives, fed the idea that an international traffic of human organs was taking place. Such reports, especially concerning doctors working for foreign institutions such as the Red Cross, are related to the history of Guinean experiences with western countries. The slave trade, colonization, predation, domination, and the exploitation of human and material resources were some of the main features of these interactions. (Somparé and Botta Somparé 2015) As noted by Michel Agier (2010: 989) 'humanitarian workers have taken over from colonial administrations and workers of international cooperation, to represent the new form of white presence and domination'.

Patients also doubt the competence of medical staff. In the capital Conakry, everyone can tell some story about medical errors, such as doctors nearly killing a child or prescribing medication with glucose to a diabetic patient. The young age of the medical staff is seen to be one of the reasons for these errors, as more experienced and competent practitioners are often busy with University classes and more rewarding jobs in expensive private clinics. Furthermore, the fact that many patients, for economic or cultural reasons, choose to go to the hospital only when their illness becomes very serious, strengthens the idea that Guinean hospitals are a place for people to die, rather than to be treated. (Somparé 2017)

However, if these practices and representations represent a fertile background for mistrust towards health workers, it is also important to note that, during these epidemics, medical doctors, as all the other Riposte workers, were perceived as representatives of the State, or the *menguésanyi* (the legs of the chief) in Soussou language. They were seen to be cogs in a wide organization that, for the first time, tried to impose control on bodies and individual health. For this reason, pre-existent mistrust towards medical staff combined, for the first time, with hostility towards the State and the political and intellectual élites to which they were associated.

MISTRUST TOWARDS POLITICAL AND INTELLECTUAL ELITES

During the Ebola epidemic, the deep mistrust shown by Guineans towards the workers of the Riposte, cannot be understood without reference to widespread negative representations towards political and intellectual élites. First of all, the different professionals involved in Riposte (medical doctors, specialists of public health, communicators, sociologists and anthropologists) were all seen to be members of intellectual élites and marked out as 'Ebola people'. This designation underlines a relationship grounded on otherness; as noted by Ol-

ivier de Sardan (1995) in discussing development projects, there is a wide gap between local and foreign experts, with, on one side, those possessing cultural and economic capital, the bearers of an urban, cosmopolite culture, and, on the other, people who benefit from development projects, who are mainly rural, poor and illiterate. On the other hand, workers of the Riposte tended to define local populations in terms of 'Communities', depicted in terms of homogenous groups, stuck in tradition, unable to accept innovations, composed by backward and stubborn peasants. Ethnic bias may strengthen such representations. Even if there was a general tendency to send the Riposte workers to zones where they shared people's ethnic and linguistic identity, this was not always possible. In the Coastal region, we heard the workers, strangers to this region, express many prejudices about the Soussou people, who asked for more economic aid. They were accused of being lazy, of preferring hand-outs to work, of being unreliable due to their failure to comply with public health measures, despite their apparent agreement to do so. By doing so, the Guinean workers of the Riposte adopted well-known stereotypes that exist about every ethnic group in Guinea and that vary according to the context of enunciation. For instance, the Fulani's alleged capacity to save money, that can be praised in a positive discourse, converts into meanness in a negative one (Somparé 2009).

During the epidemics, the instructed 'Ebola people' were suspected of using their cultural capital to take advantage of the situation, by enforcing measures on illiterate people that were based on scientific knowledge that only they had mastered. In this sense, they awoke a latent mistrust towards educated people that has been present in many African countries since colonization. Since the end of nineteenth century, Guineans attending the first French schools had become employees in the newly established colonial administration. Consequently, the colonial system used the first educated people as intermediaries between local inhabitants and administration, therefore attributing to them some power that could be used to defend the interests of natives, but also at the same time to dominate them. Furthermore, as noted by Claude Rivière (1971), the colonial system systematically recruited civil servants far from their regions, so that they could behave more impartially, without being conditioned by kinship or friendship.

These historical circumstances have led Guinean people, especially in the rural context, to view educated individuals as dangerous and willing to betray their family and community, even though they may also act as counsellors and protectors to some of their fellow-villagers. As Gérard (1997) has noted for the Malian case, educated people are often perceived in an ambivalent way: on one hand, the sacred character of knowledge is transposed over school learning, so that intellectuals are assimilated to wise traditional masters, endowed with esoteric knowledge and even supernatural powers. On the other hand, this very knowledge may be used to dominate other people, as reported by Botta

Somparé (2015: 390), who refers to a mother's comment on her only educated daughter, in a Guinean village inhabited by Fulani: 'She is the smartest of all my girls ... She is so sharp that she could put her sisters and me in a bag and sell us at the market, if we don't pay attention!'

Furthermore, mistrust towards intellectuals has continued on from the colonial period, to become a recurrent theme in accusations asserted by subsequent Guinean presidents towards the intellectual and political élites. Such accusations, first expressed by President Sekou Touré, were resumed and exploited by the two military governments of Lansana Conté and Moussa Dadis Camara. The first Guinean president Sekou Touré, leading the PDG (Parti Démocratique de Guinée), was supported by lower social strata and preferred immediate independence rather than autonomy within the framework of the French Union, which was a sort of French Commonwealth advocated by General de Gaulle in order to keep close ties with the former colonies. Nevertheless, not all Guineans agreed with Sekou Touré's point of view: the main Opposition party, BAG, (Bloc Africain de Guinée) directed by Yaoundo Barry and mainly supported by political elites close to colonial administration, resisted a quick and brutal independence, which would entail rupturing diplomatic relations with France. From this point on, Sekou Touré suspected France of relying on intellectual elites to destabilize his leadership. Another factor in his thinking was that most members of this upper class had chosen to live abroad, in Senegal or Ivory Coast, retaining close relations with France in the process. They wished to escape from a totalitarian socialist regime that would strongly restrain their freedom and even put their lives in danger, as hundreds of political opponents died in the prison of Camp Boiro. Nationalist rhetoric aimed at presenting the members of the elites as traitors, who had fled Guinea in order to lead comfortable lives abroad instead of taking part in the development of the country. A semantic swing slowly took place, as political opponents started to be called anti-Guineans.

Furthermore, Fulani were manifold in the Opposition, as Sekou Touré's egalitarian ideals and his endeavours to disrupt the authority of traditional elites clashed with their political conservatism. Fulani, founders of the theocratic state of Djallon, were used to a very stratified and hierarchical traditional political organization. That is why Sekou Touré introduced an ethnic bias against this group, accused them of plotting against the government and behaving as traitors and 'enemies of the people'. They were presented as anti-Guineans wishing to take power of the country. Subsequent real or supposed thwarted putsches highlighted the role of intellectuals living abroad, who often belonged to the Fulani ethnic group, in the opposition to the regime.

After Sekou Touré's death, in 1984, the new liberal regime headed by the General Lansana Conté tried to improve Guinean diplomatic relations with Western countries and asked intellectual elites of the Guinean diaspora to

come back to their homeland, in order to use their qualifications and experience for the development of the country. This created a sort of competition between the returning elites and the local high public officials who, sensing that their posts were threatened, insisted that they had been the ones who had endured sufferings and privations during Sekou Touré's regime and deserved, now, to be rewarded. However, even president Lansana Conté, at the introduction of a multiparty system, resumed nationalistic rhetoric when he had to face an opposition mostly made of former opponents and members of the diaspora.

In the 1990s, in a period of violent armed conflicts in West Africa, Conté presented himself as the defender of peace and order in Guinea, thus associating any kind of opposition to disorder. Within this context, Guinean intellectuals returning from diaspora were depicted, once again, as enemies willing to stir up political turmoil and plunge the country into the chaos of war. Furthermore, Lansana Conté, who hardly knew to read and write, portrayed himself as a peasant, a soldier, an almost illiterate man who had charged intellectuals and technocrats with leading the country. Consequently, they shouldered the responsibility for any mistake; when criticized the President would claim ignorance, suggesting that it was only his educated entourage that took the key decisions. Finally, in order to preserve the sacred halo of respect due to the chief in many African cultures, the negative assessments of Lansana Conté's regime were blamed on the intellectual elites that had surrounded him and betrayed him, ruining the country he cherished (Somparé 2013).

After his death, his successor, Moussa Dadis Camara, who headed a military regime, completely adhered to this interpretation and decided that many politicians of the Second Republic would be submitted to a kind of 'trial by media'. This was the beginning of Dadis's show that coincided with the climax of popular mistrust towards the elites. Every evening, the President would appear on TV screens and set himself as a master judge while members of the ruling class would file past him. During a detailed interrogation, Guineans would learn how politicians had destroyed their country for their own advantage by engaging in drug traffic or by selling mining firms for low prices. In this show, Dadis appeared as the dispenser of justice, who had come to save the country from its corrupted elites and to restore the vision of Lansana Conté, who was betrayed by his own entourage. Even the actual President, Alpha Condé, a member of the intellectual elite who spent in France most of his life, does not hesitate to demonize the former ruling class in order to criticize his opponents, who had a leading position during the Second Republic. However, he avoids criticizing Lansana Conté, who was a Soussou from the Coastal region, so as not to offend the susceptibilities of Soussous, a group which represents an important part of his electorate.

EBOLA IN THE GUINEAN POLITICAL CONTEXT

Besides these historical reasons, some anthropological considerations about power can help to throw light on the political context in which Ebola appeared in Guinea. As noted by Bayart (1989), access to power in Africa is considered in terms of appropriation of the state resources that will be shared within family, ethnic community or entourage, regardless of public welfare and development of the country. Thus, both in rural and urban areas, a lot of Guineans feel abandoned by the authorities, as they face daily problems related to poverty, lack of water, electricity, difficulties in accessing health and education. Many people are convinced that their poverty results from the bad governance of political and intellectual elites who seek their own profit and only favour the members of their own family or village community. Therefore, during the epidemic, episodes of resistance represented, for many unheeded communities, an occasion to obtain the attention of the authorities and to finally express their discontent at these problems. For instance, peripheral urban areas lacking schools and public hospitals, as a result of the quick and uncontrolled expansion of the capital Conakry, showed particularly virulent forms of resistance.

Furthermore, mistrust towards the Government was encouraged by the opposition, in a context of the strong bipolarization of political life reflecting ethnic divisions. Two political parties and their allies struggle for power: the government party, RPG, headed by the President Alpha Condé, and the opposition party, UFDG, led by Cellou Dalein Diallo. These two parties have, more or less, the same numbers of supporters, mostly motivated by ethnic and regional considerations. RPG is originally supported by Malinké and is rooted in High Guinea, whereas UFDG is mainly a Fulani party, whose followers come from Mid-Guinea (Fouta Djallon), and from the capital Conakry. These parties encourage a constant popular mobilization, leading the activists of each field to criticize the others and unconditionally support every action of their leader, for instance in public demonstrations and virulent debates, especially on radios. Within such a context of bipolarization, the opposition supporters suspected the President, Alpha Conde, of inventing or maintaining the epidemic, in order to delay the impending presidential elections. Rumours also suggested that he was taking advantage of Ebola by pocketing international aid. He was also criticized because of the slowness of his first reactions to the epidemic, probably in order to avoid panic among foreign investors, especially interested in the Forest Region, rich in vast, unexploited iron deposits and other resources.

On the other hand, the president tried to convert Ebola into a political resource. After initial hesitation, he wanted to show that he was managing the situation well, allowing Guinea to rid herself of the epidemic. While doing so, he made some misleading announcements, for instance declaring that Ebola would be over in sixty days. Thus, he conveyed the idea that he could control the

development of the epidemic; this only seemed to confirm rumours implicating him in the outbreak and spread of Ebola in Guinea. Rumours about Ebola as a conspiracy of the government and his international partners were supported by oppositional criticism, that only subsided when the dramatic situation finally pushed all political actors to try to cooperate in a struggle for national unity, a process also encouraged by the visit of the French President François Hollande. However, even if misleading announcements surely aggravated reluctance and amplified rumours, they were not the main cause of negative reactions, that started from the very beginning of the campaign against Ebola.

At the local level, the Coordination of Riposte adopted a vertical communication strategy, following the administrative structure. Specialists believed that local political and moral authorities, once informed, could sensitize people and obtain their compliance with public health measures. However, they did not understand that local authorities were often delegitimized, in many cases because they had governed for a long time and, consequently, were perceived as the allies of subsequent corrupt Guinean governments. On the other hand, these attitudes towards local authorities also led those actors traditionally excluded from politics, like women or young people, to contest the gerontocracy. These behaviours arose thanks to the existence of new spaces of communication, which could be real (such as meeting points in villages or urban areas) or virtual (such as social networks). Therefore, the Ebola epidemic highlighted latent conflicts, related to generation and gender.

CONCLUSION

In this chapter, we have tried to show that Guinean society is marked by latent conflicts opposing individuals according to their ethnic, social, professional and political affiliations. Their position in the family structure also matters, as it may determine peaceful or tense relationships with other family members. Mistrust is an important constituent of such conflicts and a heuristic concept in explaining resistance and reluctance during the Ebola epidemic. Our hypothesis is that these attitudes did not only depend on the sanitary crisis and on the health measures enforced by the Riposte. Without denying the importance of these factors, we have tried to underline how such reactions originate from backgrounds of mistrust existing before the epidemic, rooted in culture, political life, interethnic relations, interactions between different socio-professional categories. Like every crisis, the Ebola epidemic has made latent conflicts become manifest. Even if the media have particularly emphasized the cultural factors behind resistance, we think that political factors related to the mistrust between elites and people, between public officials and users of public services also deserve special attention.

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