

What lessons can the history of Ebola in West Africa offer as we face the COVID-19 pandemic?



Gregg Mitman Not sure which of my cameras is on here. I guess it's—

April Haynes Oh, there you are. Yeah, we see you now.

[MUSIC]

Emily Tran Alright. I'll take a screenshot out of the recording, then and post it.

Gregg Mitman I'm not dressed for this interview.

[LAUGHTER]

Emily Tran I'm in a very messy room as well.

April Haynes I know. I'm wearing slippers, but nobody has to know that.

[LAUGHTER and MUSIC]

Emily Tran Hi, there! From the University of Wisconsin—Madison, I'm Emily Tran. Welcome to *Ask a Historian*. Every episode, we bring a question submitted by our audience members to a UW-Madison historian, and we ask them to share their response.

Over the past two months, all of our lives have changed dramatically due to COVID-19. Our schools, workplaces, and communities have put stringent measures in place to protect public health and flatten the epidemic curve.

Many observers have noted that COVID-19 is an unprecedented challenge, and there's so much that we don't yet know about what the next weeks, months, and years will bring.

Today, our episode is about how the past can shed some light on our current moment of crisis. My co-host, Professor April Haynes, and I spoke to Professor Gregg Mitman about the lessons that we can learn from the history of the 2014-2015 Ebola epidemic in Liberia.

Gregg Mitman My name is Greg Mittman, and I'm Vilas Research and William Coleman Professor of History, Medical History, and Environmental Studies at the University of Wisconsin—Madison.

Emily Tran Five years ago, Gregg directed and produced a documentary film on the Ebola outbreak in Liberia. That film is called *In the Shadow of Ebola*, and it's currently available to view online—you can check our show notes for the link.

We recorded this conversation remotely on April 21st, and the COVID-19 data and developments we discussed may have changed by the time you're hearing this.

[MUSIC]

April Haynes Thanks so much, Gregg. We're so excited to be talking with you today.

So, I've heard some of your work, I've read some of it, and I've also seen some of your work. And so, you work in a number of media, and I'd like to know if you could just tell us a little bit more about how you came to be in Liberia in 2014, as the Ebola outbreak reached the capital of Monrovia.

Gregg Mitman Sure. So, we were in Liberia in June of 2014, when the first cases appeared in Monrovia, the first deaths at Redemption Hospital. And we were there not because of Ebola.

We were there for a different film that we had embarked on a couple of years ago. That was a film on history, memory, and land rights in Liberia. And I had been working with historical footage taken on a 1926 Harvard medical expedition to Liberia, and that expedition was there on behalf of Firestone Tire and Rubber Company, which had been granted a concession for a million acres of land to grow rubber in Liberia.

We were traveling through Liberia, through the countryside in particular, with the photographs and film footage taken on this 1926 expedition, going to places where they had previously traveled and really trying to get a sense from people of what that concession meant for today, when upwards of 50% of land has been leased out to foreign companies for large agricultural concessions, particularly now for oil palm. And so, we were there doing a shoot for that film when Ebola first appeared in the capital of Liberia, in Monrovia.

April Haynes So, what did it look like? What is Ebola? What do we know about this virus, how it originated and what it does to the human body?

Gregg Mitman So, Ebola is a part of a family of what are known as filoviruses, that can cause fatal hemorrhagic fevers in humans. It's spread through bodily contact, such as through blood or bodily fluids. And unlike COVID-19, you need to be symptomatic to be infectious.

In contrast to COVID-19 also, it's not nearly so contagious, but it has a much higher mortality rate. So, during the 2014-16 Ebola outbreak in West Africa, the fatality rate from those infected with the virus in Liberia was around 45%, but those mortality rates can vary quite widely.

The origin of the virus, it's not exactly known. It's thought to be transmitted to humans via wildlife, so in that sense it's known as a zoonotic disease. And in particular, fruit bats are the suspected natural reservoir for the virus.

April Haynes So, how did the escalating Ebola crisis change daily life in the capital of Monrovia? How did it affect you and your team?

Gregg Mitman Well, we were there in June at the very early stages of the outbreak, when the first two deaths occurred in Redemption Hospital. So, when I was there it wasn't really really visible in

the landscape. It was appearing in daily newspaper accounts in Monrovia, but it wasn't really quite visible yet, when I was there.

Although, I had been traveling into the interior of Liberia, I was on that Liberia, Guinea border, and was invited by my hosts to sit down and have a meal. And when I asked them what was in the pot, they said “bushmeat.” And so, I had to pause for a minute, deciding whether I was going to offend my host by not eating this or not, wondering if it could be a possibility of infection. At the end of the day I decided to eat the stew and was fine.

But when I was there, it was certainly in the background we certainly knew about it, even in the planning of our trip there, but it wasn't, as I said, quite pervasive in the city. I left in late June.

One of the members of our team and who's the subject of two films we made—one about Ebola, one about history, memory, and land rights—Emmanuel Urey, who was a graduate student at the University of Wisconsin—Madison. He got his PhD from the Nelson Institute for Environmental Studies. He's Liberian. And he stayed on through July. A number of his children were there, and he was with his children.

And while he was there during July, things got a lot worse. It really escalated. There were steps by the Liberian government to impose curfews, to create a lockdown. By the end of July, Emmanuel decided to return to the United States and had to leave two of his children behind during the outbreak. So, it was a very emotionally traumatic time for him and his family.

Another member of our team Alex Wiaplah, who's our Liberian cinematographer, was there throughout the entire outbreak.

And when I got back to the United States, I was quite upset by a lot of initial international news coverage that was— you know, one of the first stories that came out in the *New York Times* was a rather derogatory story about West Africans for attacking healthcare workers without really understanding why that might be the case. And so, we were, all of us were quite upset about the international news coverage, and so we collectively decided to just follow it on the ground, really gathering as many Liberian voices and perspectives.

And so, Alex was filming in Liberia through the outbreak over the course of six months. We were filming in Wisconsin, in Madison, filming Emmanuel and his family and seeing how the outbreak was affecting people in the Liberian diaspora community in the United States over the course of that time, as the outbreak got quite severe.

That was the resulting film, *In the shadow of Ebola*, which we made in partnership with PBS Independent Lens.

April Haynes For people who haven't seen the film, though it's possible to view online, could you maybe explain, Gregg, what you did find about why people were attacking healthcare workers and institutions?

Gregg Mitman Sure. So, the film really is documenting on the ground Liberian voices and perspectives as it unfolded over the course of a series of months from, you know, initial moment of disbelief and fear to, you know, really coming to recognize the reality of the virus and the way it was

impacting folks in Liberia, and a real effort at local community mobilization and action, well before there was a lot of international aid.

And so, that's one of the things that we were trying to show in the film is that there was a real effort to address this at the local level within communities, and that in fact that community mobilization was really one of the major factors that brought an end to the epidemic.

So, why were people attacking healthcare workers? Partly, the disease had been unknown in that part of West Africa. It had never been in that region before. You know, another thing that one has to understand is that, that region and in particular Liberia had long been an area of American biomedical research. And when people saw health care workers arrive in suits that looked like out of the space age, there was a lot of fear and suspicion of what these people were doing.

One of the early conspiracy theories circulating in Monrovia at the time of the Ebola outbreak, that it was caused by the US military introducing a vaccine that they wanted to test. And so, there were a lot of conspiracy theories emerging at the time. But this is not unique to Liberia, in any way, as we see in the case of, you know, the responses to the COVID-19 epidemic and the kind of conspiracy theories that swirl around it.

Emily Tran The question that we've all gathered here to answer today comes from our listener Dylan, and it gets to what you just discussed: these conspiracy theories, this lack of trust in the government that we're seeing right now with the novel coronavirus. Here's Dylan's question.

Dylan My name is Dylan, and I live in California. I'm a PhD candidate in the History Department. I have two questions. In recent days people in some states, including my own, have gathered in crowds and in their cars outside of state capitols to protest mandatory social distancing orders. These protesters have accused their governors of overreacting to the pandemic and want businesses to reopen immediately.

In past epidemics or pandemics, how did the relationship between citizens and their government—whether people trusted or were skeptical of their government—shape the trajectory of the outbreak? And two, more broadly, what lessons can past disease outbreaks teach us about how to manage COVID-19?

Thank you.

Gregg Mitman So, in the case of the Ebola outbreak in Liberia—and this is a really kind of turning point in the film—when the government declared a state of emergency, and, you know, another thing that you have to understand in terms of the kind of initial reaction among people in Liberia to the outbreak and their kind of reluctance, if you will, to abide by government regulations, is that there was a great deal of distrust in government and the military. Liberia had been through 14 years of civil conflict, so the government and military were not seen as allies or necessarily friends.

In that context, there was a lot of mistrust. A lot of people early on said Ebola wasn't real, the government was eating free money. And by that, they meant that they were using it to try and get donor aid. So, there was a lot of mistrust.

President Ellen Johnson Sirleaf, in early August of the outbreak, declared a state of emergency, put a quarantine on West Point which is one of the poorest communities in Monrovia. The capital of Monrovia has a population of about 1.4 million people. And those people were locked in. I mean, this was a *cordon sanitaire*. They couldn't get in and they couldn't get out. There were, you know, escalating riots as a result of that. The military came in to try and stop the riots. There was a shooting that happened and unfortunately a young Liberian teenager, Sheaky Kamara, was shot in the midst of that and died.

And that was a real turning point, I think, in the outbreak, from one of disbelief and fear to recognition that this was real, and also recognition on the part of the government that this kind of draconian quarantine measures were not a good way to build trust. So, the quarantine was lifted.

And then, you saw a real turn towards people that were trusted in Liberian society—people like radio DJs and musicians who started doing a lot of videos of public health information and education through music and so forth. And once that trust began to build among local leaders and figures, musicians, artists and so forth, who did have a lot of respect in the community, then, one saw a real effort at community action and mobilization taking place.

One of the greatest allies that we have in fighting an epidemic is trust. And, unfortunately, now in the United States, in the kind of politically polarized society in which we live in, we see a lot of mistrust occurring that is really having a negative impact on the way in which we're able to deal with COVID-19 crisis.

Emily Tran The film that you initially traveled to Liberia to make in 2014 was part of a larger ongoing research project of yours that's called “The World that Firestone Built: Capitalism, American Empire and the Forgotten Promise of Liberia.” What is the longer history behind Liberians’ weariness toward their government, and what was the role of American companies, particularly Firestone, in this history?

Gregg Mitman The immediate source of this mistrust, as I mentioned, was 14 years of civil conflict from 1989 to 2003 in Liberia. That conflict itself had deep roots, one that is rooted in a settler-indigenous divide that originated when free Blacks and manumitted slaves were shipped to the coast of West Africa, initially in the 1820s, by the American Colonization Society, which was a group of both abolitionists and slaveholders in the United States that thought one of the ways to deal with the slavery issue in America was to create a colony for free Black people and formerly enslaved people, and send them back to Africa, if you will.

But when those settlers arrived, there were already many indigenous groups living in that area, and it created this settler-indigenous divide. There were very different conceptions of land and land ownership. So, these settlers or Americo-Liberians as they would come to be known brought with them a notion of private property rights which they imbibed from living in the United States. In West Africa, there is much more of an understanding of land as communal property, as communal ownership. And so, the land isn't— it's held in common and it's held in custodianship by a chief.

And so, over the course of the 19th century, these settlers that had come from America really only occupied a strip of the coast, about 40 miles inland. And there was a much larger population in the interior of many different ethnic groups that had come in different waves and settled in West Africa.

In 1847, Liberia declared itself an independent, sovereign republic. It was one of only two sovereign Black nations that existed on the African continent in the late 19th century, the other being Ethiopia.

During the Scramble for Africa in the 1880s and 1890s, as European powers really, after the Berlin Conference, carved up the African continent, Liberia found its sovereignty threatened by Britain and France, which had colonies on its borders. And it found itself, particularly after the collapse of the coffee economy in Liberia— So, during the 1860s and '70s, Liberia had somewhat of a boom economy as it began to grow coffee and export that. When that market collapsed as the geopolitics of coffee shifted to South America, it found itself increasingly in debt to foreign nations, and particularly to Great Britain.

In the early 1900s, the American government sends a mission to Liberia in 1909, to kind of investigate, explore the situation, ways that the U.S. might help. They broker a new international loan—that's a loan between the United States, Great Britain, and Germany—to help Liberia pay off its former debts.

In the early 20th century has Liberia found itself increasingly beholden to these imperial powers through debt, it's really trying to seek capital for its own development.

In the early 1920s, Firestone Tire and Rubber Company was in search of places around the world where it could grow rubber that was friendly to American interests, because Britain held a monopoly on the world rubber supply. Yet, the U.S. consumed the largest amounts of rubber because of the automobile trade.

Firestone initially thought they were going to establish plantations in the Philippines, you know, which had been a site of American imperialism, and thought they were going to be able to leverage the American government's interest there to be able to develop large-scale rubber plantations. But Philippine land laws prevented them from really accessing more than 2,500 acres, which was not nearly enough.

And so, Firestone ended up settling on Liberia as a place to grow American rubber, and were able to negotiate a concession for up to a million acres of land for growing rubber with the Liberian government.

That relationship between Firestone and the Liberian government was a quite tumultuous one in the 1920s and into the early '30s. One of the things Firestone did to try and protect its investment was mandate that, as part of the agreement, Liberia take out a \$5 million loan to pay off its former debts and also as, as a means for development. It was a loan for \$5 million at 7% interest rate per year. And it turns out that that loan, which was given by the Finance Corporation of America, was actually Firestone.

So, there you have, you know, an American company that's been granted this lease, a 99-year lease for a million acres of land in a foreign country, that is also holding a loan over this country as a guarantee of its investment.

So, they began planting in 1926. By the start of the Second World War, those plantations really started taking off. They only ever planted close to 180,000 acres, so they never got access to that entire million acres of land that they had a concession for.

But during World War II, as the U.S. was cut off from the Malaysian markets for rubber—which is where the largest rubber plantations were held, was in Southeast Asia—as they got cut off from those markets because of fighting in the Pacific Theater, Liberia became a major source of American rubber during that time. The U.S. establishes a military base there in the 1940s, Pan Am builds an airport, and the economy of Liberia really takes off during that time.

But it, it's an economy that really only benefits the settler elites, the ruling elite of the government, as well as indigenous elites. And the laborers on those plantations who were largely indigenous, coming from the interior working for very minimal wages, you know, were not seeing the benefits that was accruing to other folks in Liberian society, and particularly settlers in Liberian society.

It creates a situation which group of Northwestern economists that publish a book in the early 1960s called “growth without development.” So, there's huge, huge inequalities that develop as a result of that concession.

By 1951, Firestone rubber accounts for more than 90% of Liberia's exports. Liberia is basically a company town at that moment, and at the same time that they're also giving out concessions for mining because Liberia, it was discovered, sat on some of the purest iron ore in West Africa which was of great interest to U.S. steel companies. And so, there's concessions that are given out both to mining and rubber companies—largely American, some Swedish—by the Liberian government that really escalates this inequality between settler and indigenous over time.

And eventually that culminates in a coup in 1980, when Samuel Kanyon Doe and his followers assassinate President William Tolbert and members of Tolbert's cabinet, and Doe appoints himself as the military head of state of Liberia, and he's the first indigenous person to rule the country throughout Liberia's history.

And after that, there's somewhat peace between 1980 and 1989, and then that spins out to a number of ethnic conflicts that lead to 14 years of civil conflict, and in which peace doesn't come back to Liberia until 2003.

So that's the kind of the long history of the kind of mistrusting government, if you will.

Emily Tran So, for companies like Firestone, a key factor of their success in West Africa was knowledge of tropical medicine. And at the very opening of this interview, you talked about the Harvard medical researchers who went to Liberia in 1926. Why were these medical researchers there, and what kind of work did they do for Firestone?

Gregg Mitman So, when you're setting up a plantation, an industrial plantation of the scale that Firestone did, the biggest impediments to that plantation's success—or what you need—are land, labor, capital and a healthy workforce. And so, disease was one of the biggest impediments to Firestone's success—not just disease of workers but also disease of the rubber plants, the rubber trees that were being established there.

And so, this team of Harvard researchers was a team of experts in tropical medicine, in plant pathology, experts in entomology and particularly medical entomology—so understanding insects that might carry diseases such as malaria, so, you know, malaria being transmitted by a mosquito.

And so, that team of researchers there was there on behalf of Firestone to do a biological and medical survey of Liberia, to understand what were the greatest disease burdens that the company would face.

They were also kind of pseudo-anthropologists, if you will. There was no one on that team that was trained in anthropology, but as they moved through the interior of Liberia they were constantly, in their minds, assessing in very racist ways, who were going to be the best workers for Firestone, who among the interior ethnic groups populating Liberia would make for the best workers.

And so, they were sampling people for parasites, for blood, and so forth. They were testing experimental drug compounds on people to see whether it would affect certain kinds of illnesses. So, basically, they were really trying to assess the disease burdens that the company would face as they were setting up this plantation.

In one instance, they averted a major smallpox outbreak on the plantation. Once it was discovered that there were a couple of workers who had smallpox, and so they rounded up all the other workers and inoculated workers with a smallpox vaccine.

April Haynes Wow. It just makes so much sense why there'd be so much suspicion around that kind of interaction, that medical interaction. And in your article in the *New England Journal of Medicine*, you call this “extractive medicine.” Can you say a little more about that?

Gregg Mitman So, I refer, you know, I think about the medical work going on, say, on the Firestone plantations has extractive in the sense that it by and large benefited American researchers that were there, frankly, experimenting on the Firestone labor.

It greatly benefited those American medical researchers' careers. One of the individuals on that expedition, Max Theiler, would go on to win the Nobel Prize for the development of yellow fever vaccine, work that began on that expedition through Liberia. In the 1950s, Firestone helped fund the Liberian Institute of Tropical Medicine, which was a research institute largely staffed by American researchers to do research and experimentation on tropical diseases found in West Africa.

But there was never any effort to really build in-country capacity and to train Liberians in medical research, to train them or to support them on scholarships to go to places like the United States to get medical degrees. So, in that sense, was extractive, right. There was never any effort, really, to build capacity within the country.

And Firestone itself, the kinds of diseases and treatments that they were most concerned about were those diseases that reduced worker productivity, like malaria. So, there was never really any effort or interest on Firestone's part to really help fund the development of a primary health care system that would benefit all Liberians. They were really only interested in diseases that most affected Liberian workers.

Workers did have access to the hospital, as did Liberian elites. The women that I've talked to who went to work on the plantations— one of the primary motivating factors for women to go work on the plantations was because of the health care that they could get at the Firestone hospital, and particularly assistance with childbirth because of the high maternal mortality rates in Liberia. So,

women went to work there not because of wages, really, but for access to health care for themselves and their children.

And so, one of the things that one sees is, as the Liberian economy takes off in the 1940s, '50s and '60s as a result of these concessions, as a result of mining and rubber, there is an effort to build medical and public health infrastructure.

During the Second World War, the U.S. sends a public health mission to Liberia. It's a team of African American physicians and nurses that go there to really help the Liberian government begin to establish a medical and public health infrastructure, although again, the main focus of that public health mission was really the health of American troops stationed there. But while they were there, they were also assisting the Liberian government. So, there is a medical school established, public health infrastructure that's built in Liberia in the 1960s and '70s.

But during that period of civil conflict and particularly between 1989 and 2003, when things got quite violent, many of Liberia's educated professional class left, fled the country. And so, when the Ebola outbreak hit in 2014, there were less than 100 doctors in Liberia for a population of more than four million people.

April Haynes Wow. So, I'm really curious about—and I really thank you for all of the history that you've told us, this is exactly what we're here for, to learn about the deep historical context.

But I also do want to know about lessons for a current moment from your perspective. You've mentioned how different Ebola and COVID-19 are as diseases. And so, I guess I just want to start by asking, to what extent has COVID actually impacted Liberia and West Africa more generally? We're hearing more about South Africa than West Africa in U.S. media right now.

Gregg Mitman It's definitely now impacting West Africa. Just yesterday, Liberia surpassed 100 cases. I looked at the W.H.O. situation report this morning and it shows close to 15,000 confirmed cases and just over 600 deaths for the African continent. But, you know, we don't really know how accurate those numbers are because of the level of testing, just as we don't know how accurate our numbers are in the U.S. because of a lack of testing.

The response in Liberia has been mixed. You know, I'm not on the ground there so it's, it's hard to assess. I mean, I certainly read the daily newspapers coming out of Liberia and follow people on social media to try and get a better handle on how things are going there.

In the wake of Ebola, after Ebola, Liberia established a new National Public Health Institute, which put into place a much better disease surveillance system than existed prior to the Ebola outbreak. So, that's been really good in terms of seeing the way in which NPHIL has mobilized quickly when the first few cases appeared. There was an effort on the part of that NPHIL and the Ministry of Health in Liberia to get on top of it, extensive contact tracing taking place.

Early on, President George Weah, who's now the president of Liberia, has recently declared a state of emergency, put in place a stay-at-home policy after 3 p.m. for 14 days and it's likely that will continue. Schools, universities, nightclubs, bars have all been closed. Large gatherings have been suspended. There's been a closure of inter-county travel, so you're not allowed to travel between counties without a special permit.

But just like in the U.S., we see it's really those on the front lines—health care workers in particular, who have very limited access to personal protection equipment (PPE)—that it's having the greatest toll on. The National Public Health Institute of Liberia just a couple of days ago had to close its doors after two staff became infected.

So, you know, we're seeing similarities in that regard to the way in which the Ebola outbreak unfolded, which had a much greater impact on health care workers on the frontlines, much like we're seeing with the COVID-19 crisis not just in Liberia, but in the United States.

April Haynes How are people responding to these governmental measures? Is there a different set of responses than there was in 2014-2015?

Gregg Mitman Yeah, again, you know, since I'm not on the ground so I don't really want to say definitively, you know, it's going this way or that. I would say that, from what I'm seeing, certainly the importance of handwashing and social distancing is something probably more ingrained among people in Liberia, having been through this quite recently just five years ago, than in certain sectors of the U.S.

So, I, you know, I think there's an understanding and a willingness to do one's part in that. At the same time, closing of markets and things like that creates real economic hardships for people. And so, that's a really big burden for people to take on. In that sense, you also see certain resistance taking place.

April Haynes My understanding is that there was a long economic depression, a recession after Ebola so I just wonder whether this could be triggered once again. I mean, COVID has its own economic problems. It just seems like an economic blow to an already weak economy. Am I right about that?

Gregg Mitman Yeah, you're absolutely right about that. I mean, the Ebola outbreak in West Africa had a devastating economic impact on Liberia, Guinea, and Sierra Leone, which they still have not recovered from. Now, COVID-19 is just going to exacerbate that.

I mean one of the things that happened in the context of the Ebola outbreak is a number of airlines that flew Liberia, stopped flying and never returned. So, British Airways, Delta, two major carriers that flew into Monrovia have not returned. An outbreak like this is going to only accentuate that.

At the same time, one of the things that I think is really interesting is the geopolitics of Ebola and COVID-19 are quite different.

So, during the Ebola outbreak, we had a U.S. president who was much beloved in Africa. President Ellen Johnson Sirleaf could call upon in the history of Liberia's relationship to the United States to appeal for donor aid.

We now have a leader in the White House whose attitude towards African countries is much different, you know, has spoken about them in very derogatory terms in the past, has defunded the World Health Organization, and continually blames China for its origins. Unlike the Ebola outbreak,

we're seeing a really heightened sense of nationalism appearing not only in the U.S. but in other countries, and that will only further exacerbate worldwide inequalities.

At the same time, and this is what I find most interesting, I think, is that the geographic spread of COVID-19 really confronts Western very racist stereotypes, going back to the 18th century, of Africa as the continent of disease and death.

Here, we're now living in a pandemic that so far has most impacted Europe and North America. And it's really interesting to see now African countries, including Liberia, imposing travel bans on people coming from places like the United States, right, so it's a complete reversal right there.

And, you know, we're seeing elements in the U.S. response to the current pandemic that resembles that of a failed state, and many of the Western criticisms that were leveled against Liberia and Guinea and Sierra Leone might similarly be applied to the U.S. government response today in terms of mistrust, irrational belief and fears, disbelief. You know, a range of things that we saw Western nations criticizing countries like Liberia for, you know, are now coming back in the context of the U.S. dealing with the pandemic. It doesn't look all that different from the way in which the Liberian response looked, too, in the early days of dealing with Ebola outbreak.

I'm also seeing a lot more commentaries coming out of Africa that see this as perhaps an opportune moment. David Mwambari recently wrote in Al Jazeera, I think, a really interesting piece where he saw the COVID-19 pandemic as an opportune moment to really fast-track the process of decolonization in Africa, and to forge greater solidarity among African nations in finding homegrown solutions rather than looking to foreign aid from Western countries. He says, you know, suggested it might prompt an increasing turn away from foreign development loans and austerity programs, and a push towards greater self-sufficiency and economic independence.

And a Liberian scholar I know, Robtel Neajai Pailey, similarly recently wrote, "Africa is not a continent that needs saving" in the context of COVID-19, and that, you know, as we saw in the context of Liberia dealing with the Ebola outbreak, there will be a lot of local homegrown solutions that develop on the ground in different African countries in their efforts to deal with the pandemic there.

Emily Tran So, with this, as you described, a very distinct geopolitical context for COVID-19 as compared to Ebola, as well as the different locales that are experiencing COVID-19 most severely, I think that brings us to the second question that Dylan asked, which is: what might the recent history of Ebola in West Africa teach the United States about how to best manage COVID-19 domestically, and how we as planet can mount a successful global response to this coronavirus?

Gregg Mitman Well, I think, you know, the biggest lesson that we see from the Ebola outbreak and really any previous epidemic or pandemic is the real need to build trust. Where trust lies differs within different communities, it differs within different nations, and I think one needs to really make an effort to find where are the trusted leaders in a society, in a community, at the state level, at the federal level, that people are willing to listen to.

And as we're seeing in the U.S. right now, because we live in such a politically polarized society, that's very difficult. It's very difficult when you don't have clear messaging coming from the federal

government. And so, a lot of misinformation, disinformation, that's appearing. We're kind of overwhelmed with information, and it's very difficult for people to know who to trust and believe.

And so, really coming together to figure out ways in which to build trust and, you know, it really starts at the local level, you know, and goes up from there. And I think until that really happens, it's going to be kind of a whack-a-mole scenario in trying to deal with this in a really vast country like the United States.

April Haynes You know, you mentioned “trust” and another word that comes to mind is “value” for me. So, thinking about the kind of way that we're now talking about essential workers and frontline workers, and the way that certain forms of labor are now being valued differently or at least there's an opportunity to perhaps value them differently.

Do you have any historical perspective from, in terms of your research in Liberia or in terms of the history of medicine more generally that can help us think about this opportunity, this moment?

Gregg Mitman You know, one of the things that epidemics do is really expose the fault lines in society, and really bring to the fore those who are most vulnerable in society, and where the inequalities in society lie.

We're seeing that very much playing out in the context of the COVID-19 pandemic in the United States. So, many individuals who don't have the luxury of people that, you know, are in positions where they can stay at home and work and self-isolate, find themselves working in places like grocery stores or delivering food or sanitation workers or a range of folks who are at much greater risk of being exposed to the disease, and have no social safety net in terms of if they get ill.

Similarly, healthcare workers are also those folks on the front lines that are really risking their lives to help others.

We really need, I think as a society, to rethink the way in which we approach healthcare in the United States, where health is not seen as a human right but it's seen as a commodity. And, you know, we have a healthcare system that is really developed in a for-profit model. You know, I think one of the things that this COVID-19 pandemic is showing is the deep problems with that, and the way in which it really leads to these very big economic and social and health inequalities in terms of those that are most vulnerable in a pandemic like this.

April Haynes Yeah, I mean without diminishing that vulnerability, I also am just reflecting on Barack Obama's statement earlier today that these workers have always been essential, and that visibility of the essential importance of some forms of work that have been devalued historically is now actually creating opportunities for workers to organize in their own defense. And so, we're starting to see protests and unionization at Amazon and kind of these hopeful moments where labor power might actually make a change in how certain forms of labor are valued.

Gregg Mitman Absolutely, and you know, when we've seen that in the context of, with Ebola outbreak in West Africa with health care workers just leaving and hospitals shutting down because they weren't given the adequate protection gear and adequate compensation, right, and really demanding, you know, a recognition of their value, rightfully so.

They later became really seen as, I think, the heroes in the response to the Ebola outbreak. You know, people doing, nurses doing really creative things of like improvising PPE out of garbage bags and things when, when one didn't have access to those resources.

Absolutely. I mean, it's a way for us to also, I think, as you're pointing out, really come to revalue who and what's important in society.

Emily Tran Alright, we have one final question for you: why do you love history?

Gregg Mitman Well, I love history because I'm deeply curious about the past. I love immersing myself in past worlds that sometimes seem quite similar and sometimes quite foreign from my own. You know, I find myself constantly shifting from approaching the past as a foreign country to one in which there might be lessons for today, and I realized like there was deep tensions between those two impulses. It's led to a lot of divisions and the historical profession.

But I'm also really interested in learning about different ways of being in the world that might offer paths to quite different futures. Different ways of being in the world that were not taken, and how they might lead to more equitable and just futures for both human beings and non-human beings with which we are in relationship with.

So, I think, you know, those are some of, some of the impulses in why I love doing history. It really pushes my own thought and ways of being in challenging ways and different directions that I find exciting.

April Haynes Gregg, thank you so much. We have learned so much from you today.

[MUSIC]

Greg Greg, I'm 54 years old. I'm from Whitewater, Wisconsin. I love everything about history and its impact on our society and there's so many things we can learn.

Elizabeth My name is Elizabeth Yun, and I am a graduate student in the HSMT program. I am also a pediatric anesthesiologist at the University of Wisconsin Hospitals and Clinics.

It's been very challenging balancing my career and graduate school, but I found the process to be very rewarding. I've learned so much about the historian's perspective and methodology when studying topics and stories from science and medicine. I am excited to use these ideas and tools to re-examine the history of my specialty.

[MUSIC]

Emily Tran Listeners, we want to hear from you. What questions do you have for historian, virus related or otherwise? And why do you love history? Write us or record yourself on your phone and send us the clip. Our email address is outreach@history.wisc.edu.

We have some happy news that's especially worth noting. Professor Gregg Mitman recently received the European Research Council Advanced Investigator Grant for his project, "Bloodborne: Hot Zones, Disease Ecologies, and the Changing Landscape of Environment and Health in West

Africa.” This award provides up to 2.5 million euros in research funding over five years, and it recognizes “highly ambitious and innovative projects that promise to break new ground.”
Congratulations, Gregg!

This episode of *Ask a Historian* was produced and edited by me, Emily Tran. Special thanks to April Haynes, Dylan Kaufman-Obstler, Elizabeth Yun, and Esther Tran.

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Thanks for listening. Stay safe and take care of one another.

[MUSIC ends]