

“Ebola in Town”: Creating Musical Connections in Liberian Communities during the 2014 Crisis in West Africa

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This article addresses the neglected topic of music and expressive performance during the outbreak of Ebola in Liberia from 2014 to 2016. Drawing on ethnographic research conducted in January and February of 2016 in Montserrado County, I explore the importance of music performance and other sonic sources that provided warning, ameliorated suffering, and promoted mental health during the outbreak. The conclusions of this initial study document the critical role that expressive culture played in a variety of venues and emphasize the need to acknowledge and account for this dimension of life during the Ebola crisis.

The Ebola hemorrhagic fever epidemic of 2014–2016 affected nearly 11,000 people in Liberia, West Africa. Of those infected, some 5,000 died (CDC 2017; Frieden et al. 2014; Gire et al. 2014). This health emergency proved to be a frightening period for people who had lived through a long period of civil war, which had concluded a little more than a decade earlier (Mitman 2014). The outbreak began near the end of March 2014 and sputtered out nearly two years later, in March 2016; the most intense period of the disease dated from August 2014 to March 2015. During the height of the outbreak, more than 200 confirmed and probable cases were reported each week (Bawo et al. 2015). These cases of Ebola clustered in Monrovia along the coast, and in the northern and northeastern parts of the country near the border with Guinea (Nyenswah et al. 2016:170).

The scientific literature has reported on a number of factors that characterized the epidemic, but this study turns the spotlight on music and expressive performance. Using ethnographic research conducted in January and February of 2016 in Montserrado County, Liberia, I conclude that music performance and other sonic sources provided warning, ameliorated suffering, and promoted the mental health of people during the outbreak. I look at local concepts of the dialogic or transactional nature of music that allowed

communities to return to a normal state after the crisis (Stone 2005:72–73). These data point to the need to involve music and the arts centrally in the arsenal of tools for health-care crises of the future.

Research into music performance in the life of the Kpelle people, as well as the study of Vai and Kru performance (Monts 1984, 1989, 2008; Schmidt 2008) over the last forty years, has shown the centrality of performance to social life (Stone 1982, 1988, 2005). Communities live and breathe through music and dance, which channel the joys they seek to express or help dissipate the pain of suffering and loss. Music has helped Liberians respond to life-cycle events and the protracted civil war that ended in 2004.

A growing body of literature indicates the central role that music plays in public health and health-care situations around the world (Barz 2006; Bingley 2011; Friedson 1996; Gouk 2000; Horden 2000; Koen et al. 2008; Okigbo 2016; Roseman 1991). The HIV/AIDS crisis in Africa provided a focal point for ethnomusicological study (Barz and Cohen 2011). Liberia, though it was not centrally involved in that crisis, did become a focal area for the Ebola epidemic, and just as performance proved to be an important local response to HIV/AIDS in South Africa (Okigbo 2016), so music and dance were critical to Liberia's approach to the Ebola crisis.

The theoretical framework for understanding how music worked in Liberia's Ebola crisis emerged early in my field research, more than thirty years ago, during a conversation with a highly respected ritual specialist, Ge-weli-wula, an elderly blacksmith, who told me,

Meni nga golong, e pilang wule mai, e kula lii soli su.

What I know about song, it came from sorrow.

A nee i wolo, i meni kelee ke,

Even if you cry, you do everything,

Fe no, i pele ke.

You must perform.

Nalong aa ke pele-kei.

The man is performing.

Nii suu aa laygi.

The inside of his heart has cooled.

Ilii a soli, ifa see tong ngono.

If your heart hurts, you can't sit quietly again.

Kele, bifoo ba see tong, fe no i wule too.

But before you sit quietly, you must sing. (Stone 2010:81–82)

Music performance (*pele*) was the conduit, as Ge-weli-wula explained it, for returning from a place of pain and sorrow. A dialogue or transaction realized in singing and dancing helped return people to wholeness again. These exchanges occurred in a complex and multilayered way between a soloist and a chorus, a dancer and a master drummer, one drummer and another, a performing ensemble and its audience, or any of many other possible combinations (Stone 2005:72–73). These multiscale, multilayer, and ever-changing transactions bore a resemblance to connections, transactions, and transformations that other scholars have identified across Africa to create healing in health or conflict situations (Bingley 2011; Dave 2014:1, 24; Opiyo 2015:41).

The Research Setting

When I traveled to Liberia in early 2016, the Ebola crisis was still fresh and raw for many people. I interacted with a broad range of musicians, health workers, patients, religious leaders, and government health administrators, including the minister of health during the crisis. I observed and recorded performances from several church choirs and a local nongovernmental performing ensemble that was active during the epidemic. I worked as an ethnomusicologist studying performance and doing qualitatively focused ethnography. I was guided to the consultants by the advice of people, some with whom I have worked in Liberia for forty years. Walter Gweningale, the minister of health during the outbreak, was a longtime acquaintance. He indicated that Julie Endee had been a key musician in the Ebola crisis and that I should work with her, and he pointed me to Mosoka Fallah, a Liberian epidemiologist with whom I was already acquainted. Also, I was guided by musicians with whom I had previously worked. Most particularly, I spent multiple sessions with the St. Peter's Lutheran Church choir, whose members I have known for more than twenty-five years.

Initial Exploration

Even as Kolu Payne, a nurse at Redemption Hospital, tried to make small talk, details of the trauma she had lived through poured out. She felt compelled to share the pain before we could move on to more ordinary aspects of our lives. Mosoka Fallah spent a long evening trying to convey his experience of leading health teams into some of the hardest-hit neighborhoods of Monrovia—such as West Point—to catalyze community support for concerted action to stop the spread of Ebola. These individuals represented a sample of the people I interviewed. Among the musicians, Julie Endee shared her deep involvement in composing and performing musical jingles. She worked with outside nongovernmental organizations (NGOs) such as the United Nations

Children's Emergency Fund (UNICEF) and the World Health Organization (WHO) to conceive and then present these songs. The Kpelle choir at St. Peter's Lutheran Church, which performs in the Kpelle language, explained its performances of songs such as "Ebola e li" (Ebola Must Go) in feedback interviews (Stone-MacDonald and Stone 2013), while the research team projected onto the wall of the church some video recordings of its singing (figs. 1, 2, 3). Video recordings, audio recordings, and still photos aided memory as I observed and interviewed consultants.

This research built on ethnographic study that dated to 1970 and has centered on music performance in Bong, Marghibi, and Montserrado counties (Stone 1982, 1988, 2005). It was grounded in a career of studying rural and urban performance by Kpelle music makers. I had formerly considered political protest in music performance, particularly leading up to the civil war, but political protest was not a theme that emerged with the consultants with whom I worked on the Ebola crisis, and therefore I do not address it in this work, though political protest did emerge in settings where people doubted the reality of Ebola.

Scope of the Epidemic

Ebola spread through bodily fluids, including sweat and semen. Early in the epidemic, health-care workers contracted Ebola in large numbers after they had treated patients unknowingly and without the cover of personal protection equipment. Kolu Payne was on duty at Redemption Hospital the day the first Ebola patient arrived. Without even gloves, she and the other nurses treated a woman who was bleeding profusely. Many workers, including Kolu, fell ill, causing the hospital to close at the height of the crisis. The WHO documented that of 800 health-care workers in Guinea, Liberia, and Sierra Leone who contracted Ebola, more than 500 died (WHO 2015). Health workers quickly realized that funerary practices were contributing to the spread of the virus. Where death customs brought families together to touch and bathe the dead, people contracted Ebola at an alarming rate.

An array of public health-trained teams fanned out to local communities. Local leaders helped determine how best to mobilize citizens so that communities could isolate patients, provide food for quarantined families, and allow burial teams to remove corpses of likely Ebola deaths (Abramowitz et al. 2015). Teams traced the contacts of each patient before falling ill and followed them to check for further outbreaks. Mosoka Fallah led some of these teams and was surprised at how quickly the incidence of new Ebola cases fell with community mobilization in the West Point community, one of the most distressed areas of Monrovia. He recalled how, after a very long day at the height of the Ebola crisis, he went home and went to bed. He thought to himself that he just couldn't continue with the work. And he slept until 11:00 a.m. the next morning. When he woke up, his phone was ringing. It was one of the young people at West Point asking him when he



Figure 1. Feedback interview session for Kpelle and Loma choirs at St. Peter's Lutheran Church, Monrovia.



Figure 2. St. Peter's Lutheran Kpelle and Loma choir members in the feedback interview of their performance.



Figure 3. Tepitapia Sanneh writes down a Kpelle song text of Mama Neni-laa during the feedback interview.

would be there. That got him up and moving. How could he let them down? He was back in the game. (Stone 2016:35)

The model that Mosoka Fallah implemented for West Point involved asking communities what they needed and then following them and providing support. This strategy proved successful in Liberia, and Ebola cases dropped dramatically (Gillespie et al. 2016:640; Abramowitz et al. 2015; Stone 2016:66).

By the time we arrived to conduct research in January 2016, Liberians were cautiously declaring victory over the Ebola crisis, but it was clear that they were tentative on many fronts. As we disembarked from our flight into Robertsfield, a health worker took our temperature, and we washed our hands in disinfecting water before we entered the terminal. That was only the first of many times a day that we disinfected our hands before entering places like the National Archives, grocery stores, restaurants, hotels, and government ministries. Most people had resumed handshaking, but some preferred only to wave or touch the back of the hand fleetingly.

Throughout our investigations of the Ebola crisis, we centered on what part sound, performance, and most particularly music played in how communities approached the epidemic. We drew on what people told us, what we observed of people's interactions, and what we learned from recorded and printed information.

Sirens as Warning

One of the most indelible memories of the Ebola period in Monrovia proved to be the sound of sirens. Bloh Sayeh, director general of the National Archives, recalled hearing the sirens every day, all day, as ambulances passed by on Tubman Boulevard in front of the archives, which was located in Sinkor, a suburb of Monrovia. The ambulances carried living patients to the ELWA (Eternal Love Winning Africa Ministries) Ebola Treatment Unit (ETU). Burial teams transported the dead to burial grounds and the crematorium, passing on the same road. These sonic reminders that someone ravaged by Ebola was passing created such visceral responses in many Liberians that Mosoka Fallah described how in the final recurrences of the epidemic, ambulance teams were ordered to move in silence *without* sirens. Sounds had warned during the height of the epidemic, and people had learned to react so strongly that the Ministry of Health was seeking to mute people's response to the sirens.

The sirens evolved to create fear and terror as people heard them sounding quite constantly in Monrovia day after day. In ordinary times, sirens would signal all kinds of things, including the approach of the motorcade of a government or diplomatic official, so people would not pay much attention to them, but in the new circumstances, sirens put people on edge. These warnings sonically reinforced the lurking danger that was passing on the street. A nearby patient posed a threat to people. And as these sirens repeatedly sounded, they multiplied the felt anxiety. One could no longer tune them out and ignore them. By 2016, they were less noticeable and mainly announced the passing of an important entourage, but on several occasions, people pointed out to me how those sounds still stirred anxious feelings.

Warning "Jingles"

As the health crisis quickened and Liberians feared for their lives, musicians went to work, creatively educating the world. They composed songs and dances that entertained even as they warned of the deadly threat in a variety of musical styles and a range of Liberian languages.

Samuel "Shadow" Morgan led Edwin "D-12" Twe and Kuzzy of 2 Kings, a group that had started making music in Ghanaian refugee camps during the Liberian civil war. He now turned to compose "Ebola in Town." The chorus spelled out admonitions:

Ebola in town.
Don't touch a friend.
No touching,
No eating,
No eating something dangerous.
Ebola, Ebola in town.

The catchy tune composed in hipco style—a variation of hip-hop—was posted on YouTube and morphed from an audio track to a full-scale dance video with an ensemble wearing indigenous clothing as it was successively rerecorded and reposted (Poole 2014).

Julie Endee, singer and head of Crusaders for Peace, her own NGO, created a version of the single most prominent jingle of the crisis: "Ebola Is Real." Julie's recording of it was commissioned by UNICEF in partnership with the Liberian Ministry of Health and Adolphus Scott, its communication specialist. Her version, designed to appeal to older generations, followed the style of the 1980s song "Sweet Liberia" (Friedman 2014).

My people, Ebola is in Liberia.
Ebola is real.
Ebola can kill.
Let's protect ourselves, oh.

Chorus:

Ebola is real.
Let's protect ourselves and our family.
Ebola can kill.
It has no cure, but it can be prevented.
Ebola, Ebola.
Let's fight it together.
Let's fight it together.
Ebola, Ebola.
Let's protect ourselves, our family, and our nation.

Always wash your hands with soap and water.
Always cook your food very well.
Go to the health facility anytime you have headache, fever,
pinkeye,
Diarrhea, red eyes, and vomiting.

The music of these songs helped shape an affective response, whether listeners responded to the hipco of Shadow or to the more laid-back palm-wine approach of Julie Endee. As Julie told me,

I was in the US when I heard that Ebola had hit Liberia. The Liberian Association in America had invited me to a program, and I had to cut my trip short. . . . So when I arrived in Liberia, I went to Dr. Gweningale's office. . . . I said, "Which role do you want me to play?" He said, "Take any role." I said, "Well, I will [take] the role I know best." So I joined the Social Mobilization Committee on Ebola. . . . I produced the first song on Ebola, and the song went wild. (Stone 2016:98)

Songs that musicians around the world had created were played on the myriad local radio stations and the one television station. Liberians experienced them on the Internet through social media, which helped to spread them. The Ebola virus had proliferated along with the music attacking it (Tucker 2014).

The lyrics of warning songs included key points of information developed by international public-health groups. Many musicians, including Shadow and Endee, drew on the talking points promulgated on posters and radio announcements. Endee later issued versions of her song in several languages. As she explained, she saw “a need to do songs in all languages all along the borders. So we did. And then we did the messages in Krio for Sierra Leone, and we did it for French Guinea [Guinea], and the simple English for Liberia” (Stone 2016:98–99)

Some musicians performed live in local communities. At first, Endee self-funded her forays. Later, she received donations from prominent Liberians, and even later, she obtained support from the Carter Center, UNICEF, WHO, and Mercy Corps. She was convinced that her performances had led local people to change their views and realize that Ebola was not a government plot, and not a sign of witchcraft, but a real disease, which could easily wipe out entire areas of the country. Part of her efficacy, she maintained, resulted because people knew her and her reputation as a performer from her earlier work with music during the civil war. She was also convinced that part of her success reflected her affiliation with a local ethnic group that had roots in a community in the interior of the country.

The Nature of Jingles

Jingles were ultimately created as extended and detailed texts that could be summarized in a single pithy phrase, like “Ebola in Town,” “Ebola Is Real,” or “Ebola e li” (Ebola Must Go). In this way, the titles resembled proverbs, concise sayings that have long constituted a mainstay of local wisdom. They indexed a more extended exposition of an idea and pointed to important truths, which permeated folktales, everyday speech, epics, and court cases in the oral tradition. What the Kpelle people called *sang* (proverb), the English speakers in Liberia now called jingles. And these jingles reflected various phases of the epidemic trajectory: “Ebola Is Real” in the beginning of the crisis, and “Ebola Must Go” toward the end.

These items formed the kernel of each Ebola song, and the layers could be probed more fully as the song text unfolded. Details appeared as the full song was performed. Consider “Ebola in Town”:

Ebola in town.
Don't touch a friend.
No touching,

No eating,
No eating something dangerous.
Ebola, Ebola in town.

Shadow began by stating the core or kernel, "Ebola in town." Everything that was sung after that in the chorus amplified and elaborated upon that point. For emphasis, he repeated points, albeit with some variation. The first time he sang, "Don't touch a friend." As he repeated it, he simply sang, "No touching." Next, he sang, "No eating." It connected to the "no touching" in form, even as it was a variation in content. For the repetition of "no eating," he elaborated, "No eating something dangerous."

Julie Endee's chorus for "Ebola Is Real" has a similar kernel and unfolding.

Ebola is real.
Let's protect ourselves and our family.
Ebola can kill.
It has no cure but it can be prevented.
Ebola, Ebola.
Let's fight it together.
Let's fight it together.
Ebola, Ebola.
Let's protect ourselves, our family, and our nation.

"Ebola Is Real" was the kernel; everything else hinged on it. Endee sang, "Ebola can kill" to drive home the consequences of the disease. As if to even more forcefully emphasize that point, she continued, "It has no cure." Another dimension of the kernel was what can be done to ward off the disease. She noted, "it can be prevented." From that pivot, she marshaled people, saying "Let's fight together," and repeating that statement. Another phrase, "Let's protect ourselves and our family," returned at the end of the chorus with a variation, "Let's protect ourselves, our family, and our nation."

These two songs illustrate patterns found in many other Ebola songs, regardless of the musical style they display. Over the course of the epidemic, singers evolved from acknowledging the presence of the disease to mobilizing each other to create the critical connections necessary to combat the disease. These songs developed in multiple musical styles, which migrated across the globe, primarily through the Internet.

Words were integral to the songs that warned and educated people. Singers sang these texts at rallies in local communities to get people's attention (Brown et al. 2015). The research evidence shows that the most ubiquitous text was "Ebola Is Real," which was intended to convince residents to take the warnings seriously and not to ignore admonitions from the Ministry of Health. Numerous interviewees judged that particular idea to be the one that most attracted their attention during the epidemic.

Music as Emotional Glue

While sirens and jingles warned and educated, hymns and spirituals drew communities closer and alleviated anxieties brought on by the description of horrific symptoms and the sight of people suffering and dying. Many of these songs were familiar Christian hymns that were repurposed and took on new layers of meaning for the crisis. Lewis McCay, pastor of St. Peter's Lutheran Church in Sinkor, Monrovia, remembered that the prohibition against physically touching one another was painful. He indicated that human touch constituted a key part of his ministry. During Ebola he could no longer touch people through a handshake, which customarily accompanied the mutual finger snap, as he greeted parishioners after religious services ended on Sundays. But songs and sound created together formed safe ways to bridge the physical and emotional space between people, so congregations turned to singing and making music even more vigorously than before. McCay pointed out that sound could transcend the space between separated people and draw congregations close: it could repair the schism created when the pastor had to pick up the communion wafer with tweezers so that he didn't touch and potentially contaminate it with his hand. As he noted, "when they sang those songs, you know, they just calmed you down. And sometimes you didn't even want to preach. You just felt that should be the sermon for the day" (Stone 2016:185).

Among the repurposed and retargeted hymns, "It Is Well with My Soul," with lyrics written in 1873 by Horatio G. Spafford and set to music by Philip P. Bliss (Bliss and Sankey 1876:78), proved to be a favorite. The high tenor voices rose above the other singers performing four-part harmony:

When peace, like a river, attendeth my way,
When sorrows like sea billows roll;
Whatever my lot, Thou hast taught me to say,
It is well, it is well, with my soul.

This hymn, brought to Liberia by Christian missionaries and repatriated African Americans, acquired specific situational meanings during the Ebola tragedy. It is hard to know why this particular song became a kind of anthem, but people chose it over and over to respond to the desperate situation they perceived. (In a parallel manner, "God Moves in a Mysterious Way" had emerged as an anthem during the Liberian civil war.) When I was conducting fieldwork after the Ebola crisis had largely subsided, "It Is Well with My Soul" was still being sung on several occasions in churches that I visited. At St. Stephen's in Sinkor one Sunday, among several hymns, this one was sung with the most vigor and enthusiasm.

Other newly composed songs in indigenous languages pointed to the acute sense of loss people felt. McCay recalled an old woman in his congregation who sang, "Yise ba nkaa-ee?" (Jesus, do you see me?) "Pa inyee song,

kwa ya ku li." (Come and take my hand, let us go, oh.) "Ba nkaa-ee?" (Do you see me?) As he explained,

It sounded to me like there's no one to help. I'm totally abandoned, so you are now the only person who can come to my aid. Now, "Please come and hold my hand, you know, to accompany me during this journey." So those kinds of songs were surfacing, you know, and from various language groups in the church. (Stone 2016:184–185)

When people were forced to avoid touching each other, these sounds, skillfully rendered in artistic split-second timing, created ties that were not contagious. Hymns brought people closer at the very moment their hearts were breaking with sorrow and fear.

Ebola Warriors Gather Courage through Song and Movement

The health-care workers who worked daily in the Ebola treatment units relied on song and dance to get ready for the long, rugged days of treating patients in the sweltering heat. "In the mornings, the local staff begins with a singalong of Liberian Gospel tunes. Some nurses dance, often the patients join" (Hinshaw 2014). Kolu Payne, working at the Island ETU after Redemption Hospital closed, reported that she and her fellow nurses had gained strength by praying, singing, and dancing together before donning their personal protection outfits and entering the wards. Her story was echoed by others, who noted that musical performance was a normal and common way to prepare for fighting the Ebola battle daily in the isolation units. Medical workers bonded through sound to prepare for the difficult work upon which they were about to embark. Such singing and synchronized motion is reminiscent of work songs that bush cutters, rice planters, and rice pounders might sing to encourage and spur one another (Stone 2005:36–39).

The Kpelle choir of St. Peter's proudly sang for me a song that they had composed to fight off Ebola, "Ebola e li" (Ebola Must Go). It echoed the text of a song they had created in the mid-1980s before the civil war, when they had sung of the dictator Samuel Doe, "Do e li" (Doe Must Go). The parallel formulation in the key phrase was not surprising, given that many people conceived of Ebola as a crisis not unlike the war. Both problems needed to be eradicated. This group of women had lived through a tremendously challenging, lengthy civil war, in which their church had been the site of a massacre of hundreds of refugees. Their husbands and sons had been jailed by Samuel Doe, the national leader, but song and dance movements had held them together, and now these performers approached their next crisis with a fearsome determination that they hoped would carry them through the end of Ebola.

Once the epidemic had largely passed, Ebola survivors were gathered and monitored regularly in a program known as Partnership for Research on

Ebola Virus in Liberia. The United States Department of Health and Human Services and the Liberian Ministry of Health worked jointly with about 1,500 people throughout Liberia. One component of the survivors' meetings included making music together. Julie Endee described her involvement in these meetings, when music had served to bind this special category of people together as they dealt with the many aspects of being survivors.

Treating the Effects of Ebola

During and after the Ebola crisis, psychosocial workers working throughout Liberia encouraged artistic expression to channel the pain that was holding people back from living fully. Some of them worked in the region that had been heavily affected by Ebola, up on the Guinea border. Some villages had experienced a loss of up to half of their residents, and whole extended families had been destroyed.

Olive Weegi, a nurse and psychosocial worker in the northern Sani-quelle area, lamented that even as her unit was dealing with the rape traumas of the civil war, Ebola attacked: "When Ebola came in, the weight was very, very heavy. . . . It was very, very heavy" (Stone 2016:130). Some of the young Ebola orphans and victims of rape drew on dances they had mutually created to express their solidarity with one another. They expressed their stories and brought each other together into a network of comfort under the watchful gaze of health workers who nurtured their musical creativity. Some of these young people had held onto their pain of the war for a decade or more. With the added burden of Ebola losses, they turned to expressive culture to begin to reconnect with the world and end their internal isolation.

The Silence of Burials

While sound and music played such a central role in much of the Ebola period, either in warning people or knitting them together emotionally, it was strangely absent from the burial of the dead. In ordinary times, music performance—ranging from wailing and entertainment to religious hymns—surrounded the mourners and the corpse in Liberian wakes, burials, and subsequent death feasts. Funerals stood out as the most elaborate of life-cycle events. Reflecting the social and political status of the deceased, these events lasted for days and took place in multiple venues. By contrast, during the Ebola epidemic, bodies were picked up by burial teams hired by the Liberian government, put into body bags, disinfected, and stacked up in a pickup; the teams then transported them to mass graves, where their identities were often unmarked and unrecorded (Busingye 2016; Cooper 2015). The dead were buried or cremated without customary ritual or sound. Most families and clergy were so frightened of contagion that they did not accompany the teams. In that respect, life was turned upside down. This most crucial of

the life-cycle rites was omitted. Sounds that express grief or bind mourners together were not performed. Wailing, drumming, dancing, hymn singing, and brass band playing simply stopped.

Only in 2016, once the crisis had subsided did families and communities begin to address the absence of sonic performance and compensate, in part, for those lapses with belated memorial services and death feasts, in which they restored the wailing, the singing for the dead, the drumming, and the dancing. Central to the restored events were transactions that took place between the participants in a kind of give-and-take: layers of paired groups balanced each other and together began to restore the fabric of families, churches, and communities.

Musical Connections among Communities

Musical connections reached beyond Liberia to Liberian communities in the United States. The transactions could be envisioned across the continents, as Liberians in the United States performed to reconnect with each other and ultimately their suffering families in Liberia. The Liberian Women's Chorus for Change, a group located in Philadelphia, Pennsylvania, responded to the crisis by providing a musical refuge for expatriate Liberians. Ebola, as Fatu Gayflor explained to a local television station, presented a crisis similar to the civil war. Music had helped bring them together earlier, and it would work again with the Ebola challenge.

Shadow drew on the Liberian diaspora connection to expand "Ebola in Town" and promote it to a wider audience. He recorded the first version of it in Liberia, but then traveled to the United States to create a video with dance and music in a complex production. He, Julie Endee, and the Liberian Women's Chorus for Change all used the technology of YouTube to connect with people across the globe. Suddenly, musicians were no longer limited to people who experienced them live, or even purchased their recordings. The connective tissue provided by the Internet exploded the possibilities for musicians to reach new audiences and elicit empathy for the crisis that confronted Liberia. By 2016, for example, more than 230,000 people had viewed Shadow's "Ebola in Town" video version on YouTube.

Conclusions

This initial, short-term research on the 2014 Ebola outbreak leads to several findings that deserve more thorough, extended, long-term research.

1. **Sounds, particularly sirens, proved to be powerful stimuli of attention and emotion during the 2014 Ebola outbreak.** While sirens constituted critical communication of danger and warning at the height of the crisis, their long-term use has proven more

- complicated, as people have grown more and more anxious from hearing their sounds. In future crises, their use to call attention to sites of patients and bodies needs to be carefully evaluated and planned.
- 2. Musical compositions that warned and educated about the dangers of Ebola captured people's attention at a crucial time.** In Liberia, where oral communication dominates, these songs or jingles appealed to aesthetic sensibilities and served important functions. NGOs like UNICEF, WHO, NIH, and the Carter Center proliferated these pieces by commissioning musicians to create them. These lively tunes entertained, even as they alerted the public about the deadly consequences of Ebola. Musicians who linked up with NGOs obtained remuneration as they attempted to respond to the requests that outside groups were making of them.
 - 3. Music, particularly religious songs, helped knit communities together at the height of Ebola.** Parallel to the recent civil war, Christian communities reimagined hymns, and reinscribed them with new and more potent meanings for the crisis. While people necessarily refrained from touching, they connected to one another as they sang together. These songs were performed by medical personnel heading into the ETUs as well as local members of church congregations. Though schools and some government ministries were closed during the outbreak, churches reported that people continued to gather for worship—even as they observed greater physical separation of attendees.
 - 4. The absence of sound and song at burials created a profound sense of loss, which is still acute among many Liberians.** The quick, impersonal process for disposing of the bodies violated indigenous notions of how death should be approached. In the future, communities need to be consulted so that epidemiological and cultural issues can be brought into better alignment. One possibility would be to add musicians as well as religious practitioners to the burial teams (Stone 2014). Some remediation of the current sense of loss may be possible with memorial events that retroactively acknowledge and remember the dead. A few of these have taken place, but a more systematic approach could address the continuing sorrow that communities express about the lack of proper funerals for their loved ones (Harmon 2016).
 - 5. Music making, from all evidence gathered in Montserrado County, Liberia, in early 2016, constituted a critical component to expressing community solidarity, and its reach was amplified with Internet connections.** People are keenly attuned to music, and performance should be considered a vital part of the medical and public health arsenal. Music is much more than simply an extra or superficial aspect of culture: it is a core part of

bringing people together and moving them to concerted action. The layered transactions that develop between component individuals and groups centrally connect and bind people, socially and emotionally.

Though previous long-term research had led me to anticipate that music might have been important to Liberians during the 2014 Ebola outbreak, my consultants pointed out at every turn how much it played a role. They showed how musical jingles mobilized them. They lamented the absence of wailing and singing at funerals. They described how connected and more whole they became as they made music together. And they noted how song might be the last remaining solace for people who had lost everything. Their observations were echoed by an Ebola patient in Sierra Leone: speaking of a treatment center, the patient observed, "Bad things [are that] we should have been provided with music and spiritual support" (Richards 2016:112).

The centrality of music to the emotional life of Liberians deserves the full attention of the international medical community as they contemplate a comprehensive approach to Ebola or any similar disease in the future. Local communities can provide leadership about the detailed shape such performance might take as part of a medical response to an outbreak of a disease, but singing and dancing should be central to a broad-based future deployment.

Such an approach resonates with the increasing attention to music and the arts in the treatment of HIV/AIDS and other diseases in Africa (Barz and Cohen 2011). Local communities of patients and practitioners in Africa have led the way, and it is important to pay attention to even more expansive possibilities for future outbreaks of disease, which will most surely be part of the future of Liberia and other communities in West Africa.

To echo the wisdom of Ge-weli-wula, "If your heart hurts, you can't sit quietly again. But before you sit quietly, you must sing" (Stone 2010:81–82). Song was a pivotal part of the Ebola response in Liberia, and it should be examined more closely for future epidemics. The transaction that comes from a soloist giving a call and a chorus responding repeatedly over time with greater and greater intensity as time passes provides the scaffolding for community bonding and healing. The layered connections build and swell the strength of this healing.

NOTE

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