

# A Crouching Village: Ebola and the Empty Gestures of Quarantine in Monrovia

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## Abstract

*In its scale, its virulence, and, most significantly, its urbanity, the 2014-2015 outbreak of Ebola Virus Disease (EVD or simply Ebola) in the Mano River region of West Africa seemed to challenge the basic tools of modern public health. As a result, the government of Liberia took the extraordinary step of implementing a cordon sanitaire around one of the poorest neighborhoods in the capital city, Monrovia. Observers labeled both the quarantine and the ensuing riots as barbaric acts not seen since the plagues of the Middle Ages. This characterization masked the real history of racial separation that defines many African cities, and cast Monrovia's poorest residents as morally bankrupt, primitive savages. In this article I instead explore the quarantine as an instance of the repetition of a familiar urban form, and read the ensuing violence in Monrovia's West Point neighborhood not as an ethical problem but as an "empty" political gesture. [Liberia; Ebola; Quarantine; Urban Planning; Urban Violence; Monrovia]*

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"We are dying. The whole city is dying." It was a disturbing call, not least because I knew Jowee as a man not given to panic or hyperbole. A veteran of Charles Taylor's Small Boys Unit, he had seen, indeed been a participant in, Monrovia's darkest moments since the early 1990s.<sup>1</sup> His voice broke momentarily, then he went on:

Liberia is hell. People are scared. They don't know what's going on. You don't go see your family. The border is closed. The Guinea border is closed. The Sierra Leone border is closed. Everything is closed. Nothing going out. Nothing coming in. We are drowning.

Jowee detailed all the places to which the Ebola outbreak in Monrovia had made it impossible to travel. He couldn't leave the city for the village, where only a handful of his extended family still lived, but where a wide network of kin gathered in times of crisis, death, or celebration. He couldn't cross town to see his sister or her husband, a former militia commander to whom he still appealed as a patron in difficult moments. He couldn't hustle, couldn't travel the city streets to look for odd jobs, beg favors or collect on debts. Jowee, like much of Monrovia, was stuck.

Not everyone living in Monrovia through the Ebola outbreak painted as desperate a picture of the city as Jowee. Like many people who were not physically present in Monrovia during the summer of 2014, it was difficult for me to stitch the various news reports, phone conversations,

texts, and email accounts into a coherent picture of how the city's residents were faring, how friends and loved ones were coping, and what lay ahead. No one's experience of the city struck by Ebola Virus Disease (EVD, or simply Ebola) seemed to be the same. What did emerge clearly from this dense web of urban narratives, however, was how intertwined the disease was with the politics of urban space.

In 2014–2015, Ebola is estimated to have killed over 11,300 people in Sierra Leone, Liberia, and Guinea, as well as a handful of others across West Africa, Europe, and the United States. Though it has periodically flared in different parts of the African continent since at least the mid-1970s, in its scale and severity this was the disease's most intense manifestation. This was also the first time that Ebola had become an urban problem. Previous outbreaks occurred in relatively rural parts of the continent and were, for the most part, contained there. The 2014–2015 outbreak was different. Though it is understood to have begun deep in the forest along the Sierra Leone/Guinea border, its devastating impacts were felt in all the region's cities: Conakry, Guinea; Freetown, Sierra Leone; and Monrovia, Liberia; as well as in smaller towns across all three nations. And for many the nightmare scenarios surrounding the spread of the virus were distinctly urban nightmares: most especially that Ebola would spin out of control in Lagos, Nigeria, the continent's largest and most densely populated city.<sup>2</sup>

It is this urban dimension of the disease or, more precisely, of the response to it, that I take up here. The physical isolation of parts of the population was one of the principle weapons deployed for combating Ebola in Monrovia and elsewhere. In the absence of a vaccine or cure for the disease, and given Ebola's incredible virility through certain (albeit limited) forms of contact, physical barriers at the scale of the city, the neighborhood, the community, the block, the house, and the individual body were integral to the logic of containing Ebola and halting its spread.

Quarantine, the spatial containment of groups of people who were not necessarily Ebola carriers but who were perceived to be either risky or at risk, was the bluntest but also one of the most widely employed tools against the disease. Especially in the early days of the crisis, mass isolation through quarantine and *cordons sanitaires*<sup>3</sup> seemed to many to be the only effective response to a contagion that some projections estimated could kill hundreds of thousands or millions of people.

The encircling, spherical form of the quarantine was, like any form, a political ordering (Levine 2015). As such, the quarantines had both material and immaterial dimensions. They were discursive constructs as well as physical ones. They were both a concrete intervention against Ebola and a socio-political fantasy that gave the disease meaning.

That meaning was unrelentingly negative. When, in the summer of 2014, violent confrontations erupted at the quarantine lines in Monrovia's West Point neighborhood, the rhetoric of biblical plagues and primitive savages that had marked much of the international coverage of Ebola only grew more pronounced. Coverage of Ebola was dominated for a time by images of Liberian forces opening fire on trapped residents and

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of West Pointers dismantling and looting a highly infectious Ebola ward in their midst. For many, the events at West Point exemplified a feral city in which the logics of enlightened modernity had broken down. Both the tactics of the Liberian security forces and the response of West Point residents seemed irrational at best, barbaric at worst. A medieval tactic of mass confinement had provoked a lunatic response that endangered the entire urban populace. If the ideal modern city is a space of deliberation and regulation, an ordered brokering of needs and wants, then Monrovia in the summer of 2014 seemed to be its antithesis.

But there is another way to read Monrovia's quarantines, and see in them the reflections of thoroughly modern urban logics. For all its popular evocation of draconian pre-modernism, the events at West Point might better be understood as the logical extension of practices of space with which Monroviens, like many other West African urbanites, have been living for decades. Jowee's impassioned call, set against the unfolding drama of the West Point quarantine, suggests a multi-layered politics of space in a moment of crisis that does not deviate from the logics of African urbanisms, but rather throws those processes into sharp relief.

In what follows I begin by briefly recounting the ethnographic context of the quarantine around West Point, Monrovia's oldest and possibly largest informal, or slum, settlement. I do so to set up the following sections, which offer a structural, rather than phenomenological, account of the quarantine and its impacts.<sup>4</sup> In the first, I explore how the narratives that surrounded the West Point quarantine frequently portrayed both the quarantine itself and the civilian reaction to it as anachronistic. The cordon sanitaire appears in many accounts as an archaic public health strategy, while the response by West Point residents was construed as primitive and uncivilized. These framings are more than rhetorical. In fact, they mask a very real politics of urban space. In the third section of the piece I suggest that a politics of separation, often in the name of health, is one of the main determinants of African urban form. The quarantine is, in other words, a familiar urban form in many African cities. I conclude the piece by suggesting that politically, the West Point quarantine represents a kind of double empty gesture, an ineffective tactic on the part of the state that nevertheless left West Point's residents with no possibility for an effective response.

## The quarantine at West Point

**A**s Ebola spread through the Liberian capital and barriers of various kinds were put in place, a good deal of analysis both in and outside Liberia invoked the spatial forms and practices of medieval plagues and late nineteenth-century cordons sanitaire. There was debate at all levels about the humaneness, as well as the efficacy, of the seemingly pre-modern practices of isolating segments of the urban population during a fast-moving pandemic. While television coverage of the unfolding crises circulated images of high-tech isolation chambers for the

individual bodies of white doctors and nurses evacuated from West Africa, the images from the region's cities were of primitive fences crudely hemming in local residents. The common narrative was that the Liberian government lacked the will and the resources to humanely care for citizens trapped behind barricades, and the international response was insufficient to care for large populations placed in isolation.

Nevertheless, the logic of quarantine was integral to the response to Ebola in both Sierra Leone and Liberia.<sup>5</sup> In September 2014 Sierra Leone imposed a three-day national shut-down, and at moments it effectively placed more than a third of its population under indefinite quarantine orders. In Liberia, the Johnson Sirleaf government declared a state of emergency on August 7, 2014, and placed three counties (Bomi, Lofa, and Cape Mount) under quarantine four days later. Quarantines of various scales were used throughout the duration of the crisis, even though, as one consortium of large NGOs responding to Ebola put it, there was a good deal of disagreement among the "various stakeholders" in the region as to whether quarantines were helpful or counterproductive: "there is no available quantitative evidence which proves that quarantine is effective or harmful in West Africa" (ACAPS 2015, 1). At least some infectious disease experts argued that quarantines not only stood little chance of success in combating Ebola, but actually risked exacerbating the crisis by causing fearful communities to hide suspected cases or, possibly, by serving as incubators for more virulent strains of the disease.<sup>6</sup>

The most dramatic and draconian quarantine occurred when, on the morning of August 20, Liberian security personnel moved into the West Point slum and attempted to implement a complete cordon sanitaire. West Point, with a population estimated at around 60,000 by the Monrovia City Corporation in 2012, has existed since the 1940s. Originally home to an itinerant fishing and mariner population, it provided them a foothold (albeit an insecure one) on the city. Sandwiched between the sea and Monrovia's hilltop downtown, the sand spit of West Point offered relatively easy access to the harbor and to the town's commercial center for a polyglot, multiethnic population of seasonal and casual laborers. Densely packed with only a single paved road, the quarter has been considered a blight and threat to successive governments and city leaders for some seventy years. An attempt to clear the slum in the 1970s failed. West Point's long reputation as home to criminals and outcasts became even worse with a perceived influx of ex-combatant youth in the aftermath of the war, and Mary Broh, the post-war mayor of Monrovia, has repeatedly voiced plans to bulldoze West Point as part of her aggressive post-conflict urban development scheme. With no title security to the land they occupy, many of today's West Point residents have been in the quarter for a significant time but live under the constant threat of forceful relocation.<sup>7</sup>

Whatever the public health logic, the decision to locate an Ebola containment center in West Point was wildly unpopular, with many residents seeing it as a direct attack on the neighborhood. In the days leading up to the August 20 quarantine, patients had been run out of the Ebola

ward by angry neighbors. Security forces responded by appearing, unannounced, and placing barricades of razor wire, wooden pallets, market tables, and vehicles. Armed police and soldiers stood on the far side of the circle, and announcements went out that the neighborhood was under total lockdown. Passage in or out was forbidden, and the security personnel there to enforce the cordon sanitaire were armed with live ammunition. Photojournalist John Moore, part of a small group of reporters covering the quarantine, captured a series of images of camouflaged soldiers whipping West Point residents as they ran down West Point's narrow paths and the lines of black-riot-gear-clad police that made up the Ebola Task Force.<sup>8</sup>

The response by West Point's residents was immediate. Groups of young men rushed the barricades, trying to break through. A fifteen-year-old boy named Shakie Kamara, allegedly not part of the rioting groups, was shot in the legs and left on the street, eventually becoming the one confirmed casualty of security force activity. Traders with foodstuffs doubled and tripled the prices of basic supplies. And, most notoriously, a group of West Point residents did the seemingly unthinkable: they stormed the neighborhood's Ebola containment center, turning out infectious patients and looting the facility of highly contagious, fluid-soaked mattresses, blankets, and supplies. Looters allegedly shouted "There is no Ebola!" as they went into the center unprotected and pulled out materials that had been in contact with dozens of patients.<sup>9</sup>

It is not at all difficult to imagine why the residents of West Point would react immediately and violently to their sudden confinement. Those who lived there were given no advance warning of the quarantine efforts, and no information about how they were to survive when the barricades went up. The idea that the Liberian government would be willing, or able, to supply necessary resources to those inside the cordon was laughable. And given that there were identified Ebola cases inside the sealed sphere of the quarantine, many of the estimated 60,000 residents of West Point no doubt saw the quarantine as a death sentence.

Health officials within the Liberian government and those involved in the international response argued strongly against the West Point quarantine. Speaking to a *New York Times* reporter, Dr. Jean-Jacques Moyembe, a medical adviser to the Liberian government and a veteran of Ebola outbreaks in Central Africa, was understated but unequivocal. "Putting the police and the army in charge of the quarantine was the worst thing you could do," he said. "The quarantine is going to worsen the spread of Ebola. . . It's simply not a good strategy."<sup>10</sup> Yet in an act for which she later apologized, President Johnson Sirleaf followed the advice of the police and military commanders who advocated a security-first approach to dealing with the city's population.

The result went from tragedy to farce. After the initial violence, the quarantine became a kind of charade, albeit a costly one. Residents who lived at the edges of the barricades began finding ways to sneak out windows or through the zinc walls of shacks, opening an underground railroad of sorts for which they could charge neighbors to exit and enter the

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quarantined zone. Others sought out soldiers who were willing to look the other way for a small fee while residents climbed over, under, or around the blockades. Others swam out of the neighborhood. Ten days after it was announced, the West Point quarantine was called off, an obvious failure.

## The noble and the berserk

For the most part, comparisons between Ebola and the mass disease outbreaks of the past (the Black Deaths of Western Europe, typhus in Russia, and bubonic plagues in Hawaii and California in the early 1900s) were less about the disease itself than about the response. Absent a medical prevention or cure, the only way to combat Ebola appeared to be through isolating parts of the population, an unsettling measure that seemed both inhumane and ineffective in the contemporary moment. “Using a Tactic Unseen in a Century, Countries Cordon Off Ebola-Racked Areas,” read one headline in the Science pages of the *New York Times*.<sup>11</sup> “Quarantine is a decidedly pre-modern spatial practice that is nonetheless experiencing a contemporary comeback,” noted influential architecture and urban design writer Geoff Manaugh in a series of essays, including one (with Nicola Twilley) in *The New Yorker* titled “the fiction of quarantine” (Manaugh 2014; Manaugh and Twilley 2014). Whether arguing against the imposition of mass quarantines, advocating a more humane variation appropriate to modern sensibilities and practical urban realities, or simply reporting on the Liberian government’s response to the crisis, a great many observers found meaning in the comparison between the Ebola quarantines and those of the past. Most highlighted the seeming mismatch between a modern pandemic and its pre-modern response, but there was one notable exception.

Eyam, an English village in the central county of Derbyshire, appears repeatedly in the literature on quarantines and cordons sanitaires, including during the Ebola crisis. In 1665, the first case of the plague that had been ravaging London reached the small towns to the north. Under the leadership of two local ministers, the Reverend Thomas Stanley and the Reverend William Mompesson, the people of Eyam took what the *Encyclopedia of Pestilence, Pandemics and Plagues* calls the “noble decision to isolate themselves in hopes of preventing the spread of plague” (Byrne 2008, 137). Some 350 villagers lay a perimeter of stones around the edges of town. Carefully disinfecting their coins, they left what money they could on the barricade, where the surrounding communities would in turn leave food and supplies. Three-quarters of the population of Eyam died before the quarantine ended around a year later. But the people of the village are widely credited with having contained the disease.

The Eyam plague narrative intersected with the Ebola narrative in multiple ways. Eyam is a widely known and cited case in epidemiology; subsequent studies suggested that while the Eyam quarantine may indeed have played a part in limiting the spread of the plague, its confinement

also likely produced a more virulent strain of the disease (Fanshawe 2012; Massad et al. 2004). Certainly the death rate within the quarantined zone was considerably higher than that of the region as a whole. These realities were part of the larger discussion about the probable medical consequences of imposing quarantines during the Ebola crisis. While quarantines might help to limit the spread of the disease geographically, they would almost certainly increase mortality rates within the spheres of isolation. Others pointed to the Eyam story as an object lesson in the importance of compassion, noting that only the support of the surrounding communities made it possible for the Eyam villagers to make their own sacrifice and abide by the self-imposed quarantine.

But most often, the Eyam story was told as a parable of noble self-sacrifice on the part of the people of the village. It was, more or less implicitly, held up as a pointed contrast to images of desperate West Point residents storming the cordon sanitaire and recklessly dragging looted mattresses, stained with highly infectious blood, feces, and vomit, through packed neighborhood streets. Even as most observers recognized that quarantines were a largely unworkable solution in a dense West African city like Monrovia, the constant invocation of Eyam as a story of voluntary isolation and sacrifice served to pathologize West Pointers' response as morally bankrupt, more savage than the quarantine itself.

Geoffrey Botkin, a blogger for the conservative Christian group the Western Conservatory for the Arts & Sciences, put it in perhaps the most nakedly comparative terms. "Plagues test the ethical courage of entire nations," he wrote. "The people of Eyam had the calm, moral discipline to isolate themselves and hold to their agreement *voluntarily* [italics in the original]." By contrast, in West Point, "last month some lawless residents went berserk. . . Irrational dread and ignorant denial is spreading the disease far and fast."<sup>12</sup>

Even observers considerably more sympathetic to those trapped inside the sphere around West Point seemed nevertheless to read events there as a kind of morality tale. In a piece that decried involuntary quarantine as something out of "a 14<sup>th</sup> century toolbox" of disease response, Manaugh argued that while it was entirely logical that West Point residents would want to break the cordon to save themselves, at least some of the trapped Monroviens did so for ethically dubious reasons:

Somewhat incredibly, though, the deliberate breaking of quarantine can also occur not out of survivalist panic or concern for one's own medical safety, but simply for the purpose of looting. Some of the descriptions here are jaw-dropping, with raiders actually breaking into Ebola wards to steal "property like tents, tarpaulins, buckets, hospital beds, mobile phones and shoes among other things," literally all of which could bear traces of Ebola and thus spread the contagion elsewhere.<sup>13</sup>

Contrasted to the superego of English villagers committing noble suicide, West Point was portrayed as all id. Like the image of bush-meat eating savages that dominated much of the early coverage of the Ebola outbreak

(McGovern 2014), the portrait of West Point’s rioting residents effectively erased a very complex political and social landscape. Missing from most of the coverage, for example, was the fact that many West Point residents perceived the Ebola center in their midst as an attack by the Liberian government on their community, a neighborhood generally associated with the political opposition and long slated for demolition by Monrovia’s mayor (a point to which I return below).

The moral comparison of the West Point uprisings to Eyam’s self-sacrifice also masks a more subtle, spatialized ethics of care. Embedded in the Eyam voluntary cordon sanitaire story is a spatial logic that Michel Foucault (1977) famously argued lies at the heart of European modernity itself: the idea that subjects marked as abnormal, diseased, criminal, or illicit should be isolated for their own betterment and for the collective good. “The gentle way in punishment” begins with the move away from the spectacular execution of criminals for crimes against the king; it results in the proliferation of institutions of separation and confinement, from Bentham’s panopticon to the modern hospital. The emergence of these spaces of separation and observation, spaces that oppose the dangerous body of the individual to the collective social body, marks the transition into the modern age. Subjects who resist the logic of these disciplining institutions, who fight their confinement or resist enclosure and separation, simply reinforce the perception that they are dangerous, amoral actors who need and deserve their segregation (Foucault 1978). They become a threat to the community, and modernity (especially urban modernity) begins with the widespread acceptance that their contagions must be encircled and contained (see Dennis 2008, 40–1). Whatever the historical accuracy of the Eyam story, its seemingly timeless message of sacrifice for the collective good masks a historically contingent discourse regarding the properly modern way to interpret and respond to difference and to threats to the social order.

The coverage of the “voluntary” quarantine at the vast Firestone plantation outside Monrovia is an instructive comparison. When the first cases of Ebola were identified in the villages that house plantation workers and their families, Firestone employees created their own makeshift isolation ward and carefully controlled access to corporation’s holdings. Media accounts of the Firestone quarantine pointed out the great risks that company employees took to themselves and also their ingenuity in effectively sealing themselves off from the rest of the country. The American company’s enlightened rationality contained the spread of the disease, with their own “noble sacrifice” featuring more prominently in these accounts than the extensive resources the corporation could mobilize and the already tight security perimeter that differentiated Firestone’s rural plantation from the rest of the country.<sup>14</sup>

With the consecrated figures of Eyam’s villagers and the Firestone plantation as backdrop, any response other than voluntary self-containment and, ultimately, self-sacrifice on the part of the people of West Point was bound to be read as a moral failing. It would inevitably be referenced as further evidence of West Africans’ inability to

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comfortably and convincingly inhabit the modern world. Two decades earlier this part of the continent was held up as harbinger of a “new barbarism” (see Richards 1996) marked by timeless tribal hatreds and unspeakably barbarous violence. The Mano River War signified for many that West Africa after the Cold War no longer belonged to the modern world, but instead had descended into a primitive Hobbesian war of all against all. Ebola was the same.

What is, of course, truly fantastical is the idea of a community of more than 60,000 committing mass suicide in the heart of a major urban center. Not least when asked to do so by a government in whom most people had little trust, a government seen by at least some West Point residents as having deliberately spread the disease in an effort to eradicate West Point itself. It is here that the philosopher Slavoj Žižek’s (1997) ruminations on the “empty gesture” offer a useful tool for giving interpretive meaning to a series of events that are very hard to read. For Žižek, the empty gesture is an act of rebellion that accomplishes nothing except to lay bare an absurd and impossible situation, a choice-less situation in which subjects find themselves. The fiction of social and political order, Žižek writes, requires the fantasy of choices for which, in the end, there really is no choice at all. “The system is compelled,” according to Žižek, “to allow for possibilities of choices which must never actually take place, since their occurrence would cause the system to disintegrate” (1997, 28). The Liberian government’s quarantine was just such an effort to maintain the fiction of order and control by imposing on the people of West Point a false choice. They could “voluntarily” accept the enforced quarantine, an obvious if unstated death sentence, or they could challenge the military and the material reality of the Ebola ward in their midst. As an act of resistance, violence directed at security forces and the Ebola ward could accomplish nothing except to demonstrate the absurd impossibility of the false choice they had been given. But it was the path some West Pointers decided to take.

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## Sanitary space

If they did so, it was at least in part because the spatial politics of the West Point quarantine were, in some respects, very legible and familiar. The fact is that the cordon sanitaire drawn around West Point has much more illustrative, and more recent, analogies than Eyam’s “noble decision.” For West Point residents, as for many urbanites in cities around the region, the sphere of the blockade did not present simply a moral choice. It was an extension, albeit an extreme one, of a politics of urban space and containment that has been part of West Africa’s modernist story from the very beginning.

While it may be true that in some parts of the world the quarantine is “a tactic unseen in a century,” in many African cities it is integral to the logic of urbanism itself. There are few major African cities unmarked by the segregation of “native” populations from European colonial ones,

usually in the name of health. These are separations that gave the built environment particular forms that are still visible and viable today.

The link between discourses of hygiene, health, race, and modernity across sub-Saharan Africa has been well explored. Modernization in many African colonies and then post-colonial states meant the implementation of new health and hygiene regimes (Comaroff and Comaroff 1991; Hunt 1999; Vaughn 1991), and to be a modern subject meant the adoption of certain practices of the body, frequently practices marked as European or at least non-traditionally African (Burke 1996; Thomas 2006).

At the level of the city, late 1800s and early 1900s scientific breakthroughs in understanding the transmission of disease brought with them modern interventions in the demarcation and policing of space (Curtain 1992). An outbreak of the plague in Cape Town in 1900 led to the mass relocation of the city's black population well before the official advent of apartheid and its restrictions on residence and movement. "The Plague Administration sought no less than the mass removal of Cape Town's African population, even though the number of Africans contracting the plague was less than either whites or coloured," writes Maynard Swanson in his analysis of the ways that the health quarantine and racial segregationist logics that would become apartheid overlapped. "It was the merest step of logic to proceed from the isolation of plague victims to the creation of a permanent location for the black labouring class" (1977, 393). The urban geographer Matthew Gandy has similarly traced the spatial logics of health and racial separation in Lagos, Nigeria, arguing that in the early 1900s, malaria control became the pretext for segregating a previously integrated city. Keeping the (African) bodies of the infected and the vulnerable confined to certain spaces in the city became integral to the logic of urban planning:

The focus of anxiety [in Lagos] switched from the mosquito itself to the infected population, since it was the combination of insect vectors and human reservoirs for the *Plasmodium* parasite that caused the disease ... In time, therefore, epidemiological insights into malaria became subsumed within a wider discourse of "scientific racism" that gathered momentum in the early decades of the twentieth century. (2014, 86–8; see also Frenkel and Western 1988).

Draining swamps, reclaiming land, classifying land use categories, and restricting segments of the population to certain sectors of the city were billed as efforts to contain and control disease. Not surprisingly, however, such moves were intensely political, and frequently served as thinly veiled cover for other interests. Health measures were indistinguishable from land grabs, and the harshest restrictions on movement were most often imposed only on the poor or the politically dispossessed. The civic bodies charged with formulating and implementing such strategies were answerable only to colonial or post-colonial rulers, and were used by these rulers as political organs. The resentment many Lagosians, for example, felt toward the powerful agencies tasked with using urban

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planning to control disease outbreaks became an important motivating force in the Nigerian independence movement (Gandy 2006, 375–6; 2014, 94).<sup>15</sup>

In Dakar the 1914 bubonic plague outbreak makes for a telling comparison. In what had been, like Lagos, a relatively well-integrated city, the plague epidemic resulted in the creation of the Médina, a strictly African quarter of the city surrounded by a cordon sanitaire maintained tacitly into the 1940s. The “segregated village” of the Médina was set on the least desirable land in the city, a lowland with poor soil quality subject to periodic flooding. In addition to its purported role in keeping Dakar’s indigenous population separate from the European populace, the straight grid layout and limited number of exits of the Médina helped the colonial authorities surveil the population and isolate it with relative ease, as well as catch army deserters or escaped laborers (Bigon 2012, 8; see also Betts 1971). In Dakar, as in cities across the continent, the results are still visible in differential and often wildly unequal material conditions in the various quarters of the urban landscape (Abu-Lughod 1980; de Boeck and Plissart 2005; Folkers 2010; Murray 2005; Myers 2003, 2011). Franz Fanon’s poetic description of a “world cut in two” by colonial urban segregation beautifully captures the disparities that emerge once the logic of separation becomes the dominant organizing principle of the African city, a logic tied to the presumed characteristics of the bodies that inhabit the two quarters:

The colonist’s sector is a sector built to last, all stone and steel. It’s a sector of light and paved roads, where the trash cans constantly overflow with strange and wonderful garbage, undreamed of leftovers. . . The colonized’s sector, or at least the “native” quarters, the shanty town, the Medina, the reservation, is a disreputable place inhabited by disreputable people. You are born anywhere, anyhow. You die anywhere, from anything. It’s a world with no space, people are piled one on top of the other, the shacks squeezed tightly together. The colonized’s sector is a famished sector, hungry for bread, meat, shoes, coal, and light. The colonized’s sector is a sector that crouches and cowers, a sector on its knees, a sector that is prostrate. (2005 [1961]:4–5)

Without a European colonial sovereign, Monrovia’s urban spatial dynamics were somewhat different, though the effects were largely the same. The Americo-Liberian elite originally entrenched itself on the city’s high ground, which like the European quarter of neighboring Freetown was assumed to be healthier due to its altitude and distance from the slums along the beach. The city below was largely segregated along class and ethnic lines. As the city grew, a number of “civilized” neighborhoods emerged, differentiated from the poorer quarters of the city along informal but recognizable boundary lines and by a discursive distinction between those who lived according to “modern” standards of hygiene and residence and those “uncivilized” or “tribal” Monroviens who did not (see Fraenkel 1964, 47–69; Liebenow 1987; Sawyer 2005; see also Moran

1990). In her portrait of Monrovia written during the Tubman presidency, Merran Fraenkel (1964, 66) describes an urban landscape of insecure housing and land tenure dominated by the patronage politics of the president, a power he exercised at least in part through the organs of the Department of Health and the National Public Health Service. If not as overt or efficacious as the colonial construction of townships or medinas, Monrovia, too, has throughout the modern period seen discourses of health inextricably bound to a highly charged politics of space. Eradicating or containing diseases has frequently been an element in campaigns that have resulted in land seizures, the destruction of informal settlements, and the segregation of the poor or politically marginal populations (Waldman 2015, 3).

It is hardly surprising, then, that many Monrovians saw the quarantine of West Point as an act motivated by political concerns at least as much as by public health. Monrovia mayor Mary Broh had long maintained that West Point needed to be cleared for development. Its position on the beach closest to the city center meant West Point was matter out of place for a mayor bent on rapid urban renewal. Conducting interviews in West Point in 2012, I was told more than once that Broh and Liberian president Ellen Johnson Sirleaf hoped to develop West Point for commercial interests or (implausibly) to locate a US Naval Base on the site.

Even before the August 20 cordon sanitaire, the government's decision to site its first official Ebola containment center in the densely packed neighborhood was read through this political history. Set in the context of rumors that the government was itself orchestrating the spread of Ebola to garner international support, and the fact that West Point is generally considered more sympathetic to the president's political opponents, the suspicions that Ebola was providing cover for a kind of crisis urban planning are hardly surprising. In their public statements, Liberian officials reinforced the impression that dealing with a troublesome population was the primary motive behind the cordon sanitaire. Lewis Brown, for example, Liberia's Minister of Information, told one journalist that:

We're not saying that Ebola is any more present in West Point than other places in the country—that's not the argument we're making. . . We're not claiming to be experts on Ebola. We've never had to deal with this kind of thing, but we've always had to deal with our people. We understand our people more than we understand this disease.<sup>16</sup>

The commander on the ground during the early hours of the quarantine operation was even less sympathetic to those trapped inside. As West Point youth attempted to cross the barricades, Lt. Col. Abraham Kromah referred to them as "a group of criminals" for charging his men.<sup>17</sup>

In both Foucault's description of the emerging penal institution and in Fanon's characterization of the colonial medina, spatial differentiation is not simply imposed on bodies defined as dangerous; instead, the very act of separation completes the criminalization of those on the wrong

side of the dividing line. The West Point quarantine was an extreme manifestation of this dynamic, but it is nevertheless of a piece with a flow of forces that have disproportionately shaped many of Africa's urban spaces. Fanon's "crouching villages" are integral to Africa's urban design, and they are enacted and activated in a host of ways. The West Point cordon sanitaire may have received an unusual amount of attention, playing out as it did under the global media scrutiny of a highly charged epidemic. But as an urban logic, it was neither entirely obsolete nor entirely new.

## Empty gestures

If the West Point quarantine shares a genealogy with urban spatial practices common across colonial African cities, it also bears a family resemblance to the ideals of modernist design writ large. The Cartesian ordering of space that characterized high modernist architecture and urban planning was defined by its alleged universality, by the global applicability of certain fundamental ideas regardless of social context. Like the elemental geometry of modernist architecture, the quarantine's formal logic is one of seemingly primordial shapes imposed in space. The hermetically sealed sphere is a "natural" shape of enclosure, of defining and isolating space and its contents.

Imposed under the extreme duress of a raging epidemic, the formal spatial ordering of the quarantine highlighted Monrovia's more complex and less Cartesian cultural geography of the city. The very logic of fixing space as a form of security runs counter to a mode of urban habitation common to contemporary African cities, Monrovia included. The anthropologist Catherine Bolten, responding to Sierra Leone's nationwide quarantine regimen, noted the cognitive dissonance that was obvious to many Sierra Leoneans but largely invisible to many of the international responders. Urged (or in some cases ordered) to stay "at home," many Sierra Leoneans envisioned a network of interlinking spaces rather than a single, fixed site.<sup>18</sup> Rural ancestral villages, multiple urban residences, outlying farms, and labor encampments all have valences of home in different times and contexts. So, too, do spaces outside the national borders of the state, as the contemporary African experience is increasingly a transnational one (D'Alisera 2004; Hepner 2009; Maher 2015; Piot 2010; Smith 2015; MacGaffey and Bazenguissa-Ganga 2000).

It was exactly this multi-sited meaning of place that Jowee implicitly referenced when he spoke of a city dying because its residents were unable to move. Monrovia's were trapped in the city, and they were trapped within the city. The injunction to remain restricted in space had implications beyond a simple interdiction against movement. It constituted an affront to what it means to be a modern urban subject. For Jowee, as for many Monrovia's (ex-combatants not least among them) the impossibility of movement meant a dead social landscape. Movement

*The very logic of fixing space as a form of security runs counter to a mode of urban habitation common to contemporary African cities*

and vitality are synonymous, and arresting that movement, as much as the disease epidemic that prompted it, was killing the city.<sup>19</sup>

Most observers of Monrovia's unfolding Ebola crisis did come to recognize that Monrovia's were, if given the right tools, fully capable of dealing with the isolation of suspected Ebola cases through measures well short of armed collective confinement. There were ways to track and monitor people that didn't oppose their ability to move through the city or beyond it. Quarantine lines could be made less militant, more flexible. After the initial hysteria of the Ebola outbreak, the need to craft a more effective and nuanced approach to quarantines was obvious. Indeed, once the West Point quarantine had failed, Liberia's approach to quarantines in general became less rigid, an informalization of care that one reporter described as a "bottom-up notion of quarantine, neighbors responding to neighbors with care and concern."<sup>20</sup>

It seems highly likely that a renewed outbreak of Ebola or other epidemic in Monrovia or in the region is likely to be met with a more thoughtful and graduated response that does not seek to militarily impose such a draconian, and Cartesian, spatial formation on the city. The US Centers for Disease Control, responding in part to George W. Bush's 2005 request for authorization to deploy the military on hypothetical quarantines against H5N1, put forth a vision of modern quarantines that could "almost always" be accomplished through voluntary participation "with incentives to cooperate."<sup>21</sup> Understanding how to design such measures appropriate to a West African context like Monrovia has been part of the lessons learned exercises currently being conducted by international NGOs and, presumably, state governments around the region and around the world.

It is certainly possible to imagine a more "culturally appropriate" form to the quarantine, one that better matches the majority of Monrovia's geometric ordering of urban space (or, as Simon Njami (2001) memorably put it, the anti-geometry of African urbanism). But a more subtle approach to managing the fixes and flows of an African urban space in a moment of crisis does nothing to address the larger concerns that the West Point quarantine laid bare. What was evident in West Point was not simply a cultural aporia but a political crisis, one that has deep roots and is firmly entrenched in the origins and trajectory of West African modernism.

Paul Richards and others have argued that the war that ravaged this region for much of the 1990s was due, at least in part, to the impossible politics of ownership, land rights, and economic viability in rural West Africa (Richards 2005; see also Peters 2011; Peters and Richards 2011). Systems of inequality that can be traced backward through Cold War politics to post-colonial dictatorships, and from there to colonial exploitation and to pre-colonial systems of slavery and servitude all contributed to a contemporary moment in which young people, especially young men, found themselves unable to imagine a future in the ruins of the agrarian economy. What resulted was a perverse political imagination predicated on extreme forms of violence.

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What I have traced here is an urban parallel which, if its history does not run quite as deep, has nevertheless an analogous history of space and empty gestures. This was, in other words, a rapidly accelerated but nevertheless consistent instance of the work of political ordering through urban form that is evident (at a larger scale and longer time frames) in the constitution of the modern city itself. Trapped as they were behind militarized barricades with known cases of a poorly understood disease, the residents of West Point found themselves confronted by an urban configuration in which it was not obvious how one might engage as a political subject, as a resident with claims on the city and claims to bearing rights. They were subject to an urban spatial logic that sought to regulate the flows and exchange of bodies, goods, even information, but which afforded them no recognizable space for political engagement. Those who could fled West Point. Others moved back and forth across the quarantine line, paying their tolls to both cynical officials of the state and their entrepreneurial neighbors. The rights to movement and isolation were cathected onto the logic of cash flows rather than the rights of citizenship or even the logic of disease vectors and spreading pathogens. In the most extreme instance, the looting of the Ebola treatment center, the response was a kind of magical realism; “invited” by agents of the state security forces to stay put in West Point, those who attacked the center simply underscored that as residents of the poorest neighborhood in Monrovia, encircled by armed agents of the state, they had no logical and effective way to formulate a call for reconsideration or redress and no one to whom such a call might be addressed. They chose instead an act of nihilism, an empty gesture toward a utopian urban world in which Ebola simply did not exist.

## Notes

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<sup>1</sup>The Small Boys Unit was perhaps the most famous of the many militias and armed factions that emerged during the long years of fighting in Liberia and neighboring Sierra Leone. From the end of 1989 until early 2003, both countries, as well as Guinea, were subject to waves of violence. Charles Taylor was among the leadership of the first group of rebels to enter Liberia, and went on to win the Liberian presidency before being himself overthrown at the end of the conflict.

<sup>2</sup>As it happened, there were a handful of cases of Ebola in Nigeria, including in Lagos. But contrary to the global image of Nigeria as too

poor, corrupt, and ungovernable to deal with a crisis like Ebola, the Nigerian health system proved capable in containing the spread of the disease.

<sup>3</sup>The origins of the French “sanitary zone” (*cordon sanitaire*) are unclear, though the term is frequently attributed in popular sources to the French military’s efforts in the early 1800s to stop disease transmission at the Pyrenees Mountain border between Spain and France. In the popular imagination, *cordon sanitaire* has therefore come to connote both a total quarantine and the potential use of violence to enforce it.

<sup>4</sup>I am grateful to the anonymous *City & Society* reviewers who highlighted this important distinction in how one might explore the violence surrounding the quarantine. Both approaches are anthropological. But as my sources for this piece are primarily media accounts, archival research, and prior ethnographic fieldwork in Monrovia, I am better positioned to speak to larger questions of discursive framing and urban form than I am to provide a fine-grained thick description of life under the quarantine regimen.

<sup>5</sup>For a variety of reasons, including an unwillingness to widely deploy the military and a reluctance to admit to the scale of the crisis, the government of Guinea employed quarantine measures on a lesser scale than its two neighbors.

<sup>6</sup>See, for example, Clarence Roy-Macaulay’s article “Sierra Leone Quarantines 2 Million to Fight Ebola” in the *Associated Press*, September 25, 2014. In the aftermath of the crisis, Dr. Thomas Frieden, head of the US Centers for Disease Control, argued that there was little doubt the quarantines had in fact prolonged the Ebola outbreak. The ACAPS (2015) report, however, makes the important distinction between quarantining groups of people and the physical isolation of known or likely Ebola patients. While the former was highly contested, there was general agreement that the latter was a necessary step to prevent further transmission of the disease.

<sup>7</sup>Monrovia-based journalist Clair MacDougall has written about the district’s reputation and relationship to the city in an online piece entitled “The Grown Up Children of West Point” for the travel website *Roads & Kingdoms* (see <http://roadsandkingdoms.com/2016/liberia/>).

<sup>8</sup>Moore’s images were circulated globally, including an extensive collection archived by the *Huffington Post* (see [http://www.huffingtonpost.com/2014/08/21/liberia-ebola-quarantine-photos\\_n\\_5696120.html](http://www.huffingtonpost.com/2014/08/21/liberia-ebola-quarantine-photos_n_5696120.html)).

<sup>9</sup>For a fuller account, see, for example, Per Liljas’s article “Liberia’s West Point Slum Reels from the Nightmare of Ebola” in *Time*, August 22, 2014 (<http://time.com/3158244/liberia-west-point-slum-ebola-disease-quarantine/>).

<sup>10</sup>Quoted in Norimitsu Onishi’s article “As Ebola Grips Liberia’s Capital, a Quarantine Sows Social Chaos,” *New York Times*, August 8, 2014.

<sup>11</sup>Donald G. McNeil, Jr., “Using a Tactic Unseen in a Century, Countries Cordon Off Ebola-Racked Areas,” *New York Times*, August 13, 2014, pg. A10.

<sup>12</sup>Geoffrey Botkin. "Looking a Plague in the Eye." Western Conservatory for the Arts and Sciences. September 30, 2014. <http://westernconservatory.com/>

<sup>13</sup>Geoff Manaugh. "Powers of Quarantine," *BLDGBLOG*. August 21, 2014. <http://bldgblog.blogspot.com/2014/08/powers-of-quarantine.html>.

<sup>14</sup>For instance, see Jean Beaubien's October 6, 2014 piece "Firestone Did What Governments Have Not: Stopped Ebola in Its Tracks" on *National Public Radio*.

<sup>15</sup>It is, at this point, still too soon to see what political ramifications will come from the Ebola epidemic in Liberia. During the crisis I spoke with former LURD (Liberians United for Reconciliation and Democracy) commanders who argued that ex-combatants should remobilize in order to serve as "security" in enforcing quarantines, a potentially worrisome political development that in the end largely failed to materialize. But it is not hard to imagine that the government's actions during the crisis could be a factor in the 2017 presidential elections and beyond.

<sup>16</sup>As quoted in Norimitsu Onishi's article "As Ebola Grips City, Quarantine Adds to Chaos," *New York Times*, August 29, 2014, A1.

<sup>17</sup>As reported in Norimitsu Onishi's article "Clashes Erupt as Liberia Sets an Ebola Quarantine" in the *New York Times*, August 21, 2014, A1.

<sup>18</sup>Catherine Bolten made these comments at the American Anthropological Association Task Force on Ebola conference, November 6–7, 2014.

<sup>19</sup>This is an idea I explore more fully in Hoffman, forthcoming.

<sup>20</sup>Jina Moore, a reporter from BuzzFeed, quoted in "It's not just the US—Liberian officials are rethinking Ebola quarantines," *Public Radio International* "The World" October 31, 2014.

<sup>21</sup>See Charles Aldinger's "Bush Wants Rights To Use Military To Quarantine H<sub>5</sub>N<sub>1</sub>," Reuters, October 4, 2005; as well as the Associated Press piece "Modern quarantine less daunting prospect than 1890s confinement," October 11, 2005.

## References Cited

- Abu-Lughod, Janet. 1980. *Rabat: Urban Apartheid and Morocco*. Princeton, NJ: Princeton University Press.
- ACAPS. 2015. "Ebola Outbreak in West Africa. Lessons Learned from Quarantine - Sierra Leone and Liberia." Thematic Report. Accessed March 19, 2015. <http://acaps.org/en/pages/thematic-reports>
- Betts, Raymond. 1971. "The Establishment of the Medina in Dakar, Senegal, 1914." *Africa* 41(2):143–52.
- Bigon, Liora. 2012. "A History of Urban Planning and Infectious Diseases: Colonial Senegal in the Early Twentieth Century." *Urban Studies Research* 2012:1–12.
- Burke, Timothy. 1996. *Lifebuoy Men, Lux Women: Commodification, Consumption, and Cleanliness in Modern Zimbabwe*. Durham, NC: Duke University Press.
- Byrne, Joseph. 2008. "Cordon Sanitaire." *Encyclopedia of Pestilence, Pandemics and Plagues*. Santa Barbara, CA: Greenwood. *ABC-CLIO eBook Collection*.

- Comaroff, Jean, and John L. Comaroff. 1991. *Of Revelation and Revolution: Volume 1 - Christianity, Colonialism, and Consciousness in South Africa*. Chicago, IL: University of Chicago Press.
- Curtain, Philip D. 1992. "Medical Knowledge and Urban Planning in Colonial Tropical Africa." In *The Social Basis of Health and Healing in Africa*, edited by Steven Feierman and John M. Janzen, 235–55. Berkeley, CA: University of California Press.
- D'Alisera, JoAnn. 2004. *Imagined Geography: Sierra Leonean Muslims in America*. Philadelphia, PA: University of Pennsylvania Press.
- de Boeck, Filip, and Marie-Françoise Plissart. 2005. *Kinshasa: Tales of the Invisible City*. Ghent: Ludion.
- Dennis, Richard. 2008. *Cities in Modernity: Representations and Productions of Metropolitan Space, 1840–1930*. Cambridge: Cambridge University Press.
- Fanon, Franz. 2005 [1961]. *The Wretched of the Earth*. New York: Grove Press.
- Fanshawe, Tom. 2012. "Eyam and 'The Last Great Visitation.'" *Significance* 9(5): 38–41.
- Folkers, Antoni. 2010. *Modern Architecture in Africa*. Amsterdam: Sun.
- Foucault, Michel. 1977. *Discipline and Punish: The Birth of the Prison*, translated by Alan Sheridan. New York: Pantheon Books.
- . 1978. "About the Concept of the 'Dangerous Individual' in 19th Century Legal Psychiatry." *International Journal of Law and Psychiatry* 1:1–18.
- Fraenkel, Marran. 1964. *Tribe and Class in Monrovia*. London: Oxford University Press.
- Frenkel, Stephen, and John Western. 1988. "Pretext or Prophylaxis? Racial Segregation and Malarial Mosquitos in a British Tropical Colony: Sierra Leone." *Annals of the Association of American Geographers* 78(2):211–28.
- Gandy, Matthew. 2006. "Planning, Anti-planning and the Infrastructure Crisis Facing Metropolitan Lagos." *Urban Studies* 43(2):371–96.
- . 2014. *The Fabric of Space: Water, Modernity, and the Urban Imagination*. Cambridge, MA: MIT Press.
- Hepner, Tricia Redeker. 2009. *Soldiers, Martyrs, Traitors and Exiles: Political Conflict in Eritrea and the Diaspora*. Philadelphia, PA: University of Pennsylvania Press.
- Hoffman, Danny. Forthcoming. *Monrovia Modern: Urban Form and Political Imagination in Liberia*. Durham, NC: Duke University Press.
- Hunt, Nancy Rose. 1999. *A Colonial Lexicon: Of Birth Ritual, Medicalization, and Mobility in the Congo*. Durham, NC: Duke University Press.
- Levine, Caroline. 2015. *Forms: Whole, Rhythm, Hierarchy, Network*. Princeton, NC: Princeton University Press.
- Liebenow, Gus. 1987. *Liberia: The Quest for Democracy*. Bloomington, IN: Indiana University Press.
- Maher, Stephanie. 2015. "Barça ou Barzakh: The Social Elsewhere of Failed Clandestine Migration Out of Senegal." Ph.D. dissertation. University of Washington.
- Manaugh, Geoff, and Nicola Twilley. 2014. "Ebola and the Fiction of Quarantine." *The New Yorker*. Accessed August 11, 2014. <http://www.newyorker.com>.
- Manaugh, Geoff. 2014. "Powers of Quarantine." Blog post, BLDG/BLOG. <http://bldgblog.blogspot.com/>.
- Massad, E., F. A. B. Coutinho, M. M. N. Burattini, and L. F. Lopez. 2004. "The Eyam Plague Revisited: Did the Village Isolation Change Transmission from Fleas to Pulmonary?" *Medical Hypotheses* 63(5):911–15.
- MacGaffey, Janet, and Rémy Bazenguissa-Ganga. 2000. *Congo-Paris: Transnational Traders on the Margin of the Law*. Bloomington, IN: Indiana University Press.

- McGovern, Mike. 2014. "Bushmeat and the Politics of Disgust." *Ebola in Perspective*. Website of *Cultural Anthropology*. Accessed on June 8, 2016. <http://www.culanth.org>.
- Moran, Mary. 1990. *Civilized Women: Gender and Prestige in Southeastern Liberia*. Ithaca, NY: Cornell University Press.
- Murray, Martin. 2005. *The Evolving Spatial Form of Cities in a Globalising World Economy: Johannesburg and Sao Paulo*. Cape Town: HSRC Publishers.
- Myers, Garth. 2003. *Verandahs of Power: Colonialism and Space in Urban Africa*. Syracuse, NY: Syracuse University Press.
- . 2011. *African Cities; Alternative Visions of Urban Theory and Practice*. New York: Zed Books.
- Njami, Simon. 2001. "The Spores of the Stamen." In *Africas: The Artist and the City, a Journey and an Exhibition*, edited by Pep Subirós, 72–5. Barcelona: Centre de Cultura Contemporània de Barcelona.
- Peters, Krijn. 2011. *War and the Crisis of Youth in Sierra Leone*. Cambridge: Cambridge University Press.
- Peters, Krijn, and Paul Richards. 2011. "Rebellion and Agrarian Tensions in Sierra Leone." *Journal of Agrarian Change* 11(3):377–95.
- Piot, Charles. 2010. *Nostalgia for the Future: West Africa After the Cold War*. Chicago, IL: University of Chicago Press.
- Richards, Paul. 1996. *Fighting for the Rainforest: War, Youth and Resources in Sierra Leone*. Portsmouth, NH: Heinemann.
- . 2005. "To Fight or to Farm? Agrarian Dimensions of the Mano River Conflicts (Liberia and Sierra Leone)." *African Affairs* 104(417):571–90.
- Sawyer, Amos. 2005. *Beyond Plunder: Toward Democratic Governance in Liberia*. Boulder, CO: Lynne Rienner.
- Smith, Maya. 2015. "Multilingual Practices of Senegalese Immigrants in Rome: Construction of Identities and Negotiation of Boundaries." *Italian Culture* 33(2): 126–46.
- Swanson, Maynard. 1977. "The Sanitation Syndrome: Bubonic Plague and Urban Native Policy in the Cape Colony, 1900-1909." *Journal of African History* 13(3):387–410.
- Thomas, Lynn. 2006. "The Modern Girl and Racial Respectability in 1930s South Africa." *The Journal of African History* 47(3):461–90.
- Vaughn, Megan. 1991. *Curing Their Ills: Colonial Power and African Illness*. Stanford, CA: Stanford University Press.
- Waldman, Linda. 2015. "Urbanisation, the Peri-urban Growth and Zoonotic Disease." *Practice Paper in Brief* 22 (February). Institute for Development Studies.
- Žižek, Slavoj. 1997. *The Plague of Fantasies*. New York: Verso.