POSTCARD

31. The Ebola crisis: inequality and distrust

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In December 2013 the largest ever Ebola outbreak began in Guinea, spreading to neighbouring countries, the USA and Europe. Guinea, Liberia and Sierra Leone were most severely affected. The outbreak was declared over on 14 January 2016, after 28,637 cases had been recorded and 11,315 deaths (WHO, 2016).

These official figures are known to be underestimates. The Ebola crisis highlights key dimensions of the correlation between inequality and mistrust, and its significance for global health. It reveals how dramatic inequities in wealth, often sustained by corruption and poor governance but not limited to these causes, corrode the social fabric by establishing divisions which exacerbate crises and weaken collective responses to them.

Lack of trust has been noted as a pervasive and damaging feature of the epidemic. Yet fear and avoidance of hospitals were understandable and remediable when the conditions in treatment facilities were taken into account. Other developments, however, revealed less tangible issues, for example a belief that the government had started the epidemic for political gain, that it was allowed to spread in order to make money, that it was the doing of witches, or that health workers were infecting people and stealing organs.

When evoking trust, an essential distinction is the difference between having faith in a particular person or thing, based on direct experience, and having faith in strangers, which is generalized and reflects a confidence in a shared moral community. Many West Africans did not have this confidence.

Levels of generalized trust are lower in more unequal societies (Alesina and La Ferrara, 2002; Rothstein and Uslaner, 2005). Low trust and high inequality also hinder cooperation, collective action, inclusive politics and economic development (Justino, 2015). Centuries of slavery, wars, colonialism and resource exploitation have produced huge economic disparities and unequal power relations in the Mano River region. In Sierra Leone, resource distribution is patrimonial and space for civil society activity is limited and diminishing. Suspicion is natural and normal in this world of ambiguous and unequal opportunities. Recent development trends reproduce these dysfunctional patterns, which erode trust and produce inequality. In pre-Ebola Liberia and Sierra Leone, mining and bioenergy projects resulted in double-figure growth rates, but the profits were captured by foreign investors and local elites, while rural livelihoods were undermined by the annexing of land.

With Ebola, mistrust ruled as outreach workers and nurses struggled to convince communities that they were not profiting from Ebola, often against evidence that others were. Funds were centrally siphoned, or diverted into personal networks away from frontlines and local authorities. Liberian nurses protested about their unpaid salaries, pointing to the higher wages of expatriate staff and noting that school closures did not affect those in power because their children attended private schools abroad (see Samura and Patterson, 2016). In the face of such inequalities, it was hard to maintain the idea of a moral community who were 'all in it together'.

Levels and histories of inequality, and their impact on trust, need to be considered in outbreak response and in other emergencies. Resources should be directed towards affected communities and personnel. In the long term, reducing inequality alongside establishing a more inclusive national political process is vital to building trust both between citizens, and between authorities and their publics.

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