Chapter 13
Ryemo Gemo (Chasing Away Bad Spirit): An Ethnography of Acholi Cultural Approach to Epi/Pandemic Management in Northern Uganda

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ABSTRACT

This chapter demonstrates how the Acholi people of Northern Uganda respond to health emergencies in a culturally specific way. It emphasizes their cultural construction of health, healthcare, and disease, including how they get along with/react to new challenges as in the case of corona virus disease 2019 (COVID-19). It emphasizes Acholi notion of gemo as a disease management strategy/community alert system, which is about collective concern to identify and deal with any threat such as epidemic or pandemic in a culturally specific manner. Thus, cultural borders and boundaries may be created by the Acholi as a protective measure against visitors, foreigners, or those who travel/stay away for from Acholi land for long period of time to separate new comers who could be 'contaminated'.

BACKGROUND AND INTRODUCTION

Around the beginning of the year 2000, Ugandan soldiers who were involved in a military expedition in the Democratic Republic of Congo (DRC) returned. Shortly, there was an outbreak of a strange disease among returning soldiers which later spread into the communities. After some consultations, medics confirmed the new disease as *Ebola* but the local Acholi called it *gemo*. Again around 2007, there was another outbreak of a disease that has been only identified by medics as Nodding Syndrome (NS) – a neurological condition whose cause is yet to be discovered. The Acholi call it *lucluc* (which literally means nodding the head). Symptoms of NS includes uncontrollable passing of saliva, protruding teeth, continuous seizures (similar to epilepsy) and stunted growth. As for now, there is no scientific evidence

DOI: 10.4018/978-1-7998-8973-1.ch013

as to what could be the cause. Prevailing studies attribute it to black flies (Katrina, Kornfeld, Adiama, Mugenyi, Schmutzhard, Ovuga, Kamstra and Winkler 2013). While conventional healthcare has been prioritized, some Acholi believe there should be a cultural understanding of this condition (Buchmann 2015). With reports putting the number of victims to anywhere between two thousand and three thousand since 2009, NS syndrome has generated significant debates around not only its causation but also the way victims have been handled. Victims are mainly children below fifteen years of age. Some Acholi elders have insisted NS is *gemo*. (I will return to this later).

This chapter demonstrates how the Acholi people of northern Uganda respond to health emergencies in a culturally specific way. It emphasizes their cultural construction of health, health care and disease, including how they get along with/react to new challenges as in the case of corona virus disease 2019 (COVID 2019). Acholi notion of *gemo* as a disease management strategy is about collective concern to identify and deal with any threat such as epidemic or pandemic in a culturally acceptable manner. Thus, cultural borders and boundaries may be created by the Acholi as a protective measure against visitors, foreigners or those who travel/ stay away for from Acholi-land for long period of time. (Odongoh and Onyango 2019). It is the social responsibility of members to observe the cultural requirements i.e., rituals within the socio-cultural context like ritual borders that involves crossing from the 'unclean' to the 'clean'. In that regard, the study draws largely from ethnographic experiences in northern Uganda but also employ and teases out some of the anthropological notions of purity and contamination as espoused by Mary Douglas 1966 and Victor Turner 1975. The study further demonstrates the use of ethnography to understand specific cultural setting in this case ritual observances associated with public health care management. In general, the study explores the Acholi idea of purity and pollution in the selection and admission of persons from the 'unclean' world to a 'clean' one (Douglas 1966). It shows how the Acholi employ notions of *gemo* to exclude individuals considered as contaminated.

How can such cultural practices be employed to improve approaches to healthcare delivery within specific community settings in this era of global health threats? If all knowledge is knowledge, then how can specific traditional healthcare mechanism be integrated to the modern forms especially when the world is estranged in fear as in COVID 19 case? How can culturally specific health emergency response gain recognition in the face of global health threats, health seeking difference across cultural terrains, treatment practices or much generally, the political economy of health in a globalizing world?

STUDY AREA

The study was conducted in Kitgum district which is part of the broader Acholi-land (sometimes referred to as Acholi sub-region). Acholi-land is composed of the modern-day districts of: Agago, Amuru, Gulu, Kitgum, Nwoya, Lamwo, and Pader. Kitgum is located in northern Uganda about 439 km from Kampala city. It is one of the Ugandan districts that share borders with South Sudan. Kitgum is inhabited by mainly the Acholi – a Nilotic Luo ethnic group. Acholi community also cuts across into South Sudan especially in the Magwe County. According to the Uganda Bureau of Statistics (2002), the Acholi are approximately 1.17 million people, and about 45,000 more were living in South Sudan by 2000.

Kitgum district is one of the Acholi districts in northern Uganda that was greatly affected by war between the Lord's Resistance Army (LRA) and the Government of Uganda which started in the mid-1980s to about 2008. It is this war[1] that led to both internal and external displacements and loss of many lives. It is situated to the north of Gulu bordering South Sudan towards the north east at a latitude of