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Learning from Ritual: Covid-19 Public Health Measures and Messaging in Timor-Leste*

Abstract: In this paper, I reflect on the significance of ritual activity directed towards COVID-19 in Timor-Leste. What, if anything, it tells us about East Timorese beliefs and attitudes regarding infectious disease and why understanding the cultural dimensions of infectious disease is critical to public health responses. Timor-Leste recorded its first COVID-19 case on March 21st, 2020. Over the course of the following weeks elders held ritual ceremonies across the country to mobilise the ancestors and ask for their assistance to keep COVID-19 at bay. These ceremonies circulated widely on social media within Timor-Leste and among the East Timorese diaspora. In parallel to this initial flourishing of ritual activity the government swiftly enacted legislation to declare a state of emergency, closing international borders and establishing quarantine centres across the country. In many ways the health authorities' response to COVID-19 has been exemplary, with low case numbers and 0 deaths throughout 2020. However, since February 2021 COVID-19 cases have increased exponentially, exposing social cleavages based on education, language and socio-economic position. With limited resources, the health authorities, and in particular the Centre for Integrated Crisis Management, have focused on prevention, contact tracing and testing, adhering to WHO guidelines and emphasising 'best practices'. Yet, the response has been criticized for being top-down and heavy handed. For example, certain public health measures, such as mandatory testing and burial protocols, have been poorly communicated to the broader community. The use of bio-medical language and introduction of new terms and concepts has been excessively didactic and lacks local contextualization. For the majority of the population of Timor-Leste, especially those living in rural areas, lived experiences of illness and disease are interpreted primarily through and by customary beliefs and practices. The rituals directed towards COVID-19 demonstrate a clear understanding of the nature of infection, contamination, disease, models of causality and fears around infection. They also reveal local capacities to contain epidemics and the ability to learn with the bio-medical response. The levels of participation observed in COVID-19 rituals online and local support for these initiatives expressed on social media suggests at the very least that health authorities should engage with local communities in a two-way dialogue to discuss beliefs and existing prevention strategies that can assist and support public health objectives and measures.

Key words: COVID-19, ritual, custom, prevention, communication

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Introduction

While it is undeniable that the pandemic disrupted many aspects of life including practices guiding life, death, grief and mourning, rituals have been a crucial part of individual and communal responses to the Covid-19 pandemic across the globe (Tett 2020; Xygalatas 2020). During the pandemic, rituals old and new have provided people with a sense of purpose and control over their daily lives, particularly during extended periods of isolation or quarantine (Jacobsen 2020) creating opportunities for connection and collective action (Radice 2021; Karampampas 2020) and in some cases have been critical to improving health and preventing illness (Legare 2021). Anthropologists have long observed the tendency of humans to turn to rituals in times of uncertainty and crisis, and much has been written about what rituals do or don't do for those who take part in them (see Bell 1992). Beyond the notion of rituals as important 'tools for survival' (Legare 2021), in this paper I focus on *what* we can learn from closely observing rituals and *why* it is important to explore culturally mediated responses to Covid-19 risks. Drawing on the experience of Covid-19 in Timor-Leste, I reflect on the following questions: 1) What was the significance of ritual activity directed towards Covid-19 during the early stages of the pandemic? 2) What, if anything, did it tell us about East Timorese beliefs and attitudes regarding infectious disease? and finally 3) Why is understanding the cultural dimensions of infectious disease critical to public health responses?

Situating Timor-Leste

Timor-Leste was a Portuguese colony for over 450 years. In December 1975, after a brief period of independence, Indonesia brutally annexed and occupied the country. Approximately 180,000 people are estimated to have died as a direct or indirect result of the occupation. After 24 years of resistance to Indonesian rule, on 30 August 1999, East Timorese overwhelmingly voted to reject ongoing integration with Indonesia in favour of independence. Indonesian military and militia responded by running rampage. An estimated 1,500 East Timorese were killed before, during and after the UN-sponsored ballot and more than 250,000 were forcibly displaced into Indonesia or internally within East Timor. About 80% of infrastructure was destroyed. After a period of United Nations transitional oversight from 1999 to 2002, the country officially regained its independence on May 20, 2002. Over the subsequent two decades, Timor-Leste has achieved a considerable amount. It has laid the foundations for key state institutions, enabled an environment for freedom of expression, secured peace and stability, and developed a roadmap for sustainable national development.

However, basic services such as access to clean water and sanitation, quality and accessible health services and education remain poor, especially in rural areas.

Despite, and perhaps because of, their nation's turbulent history and basic needs challenges, East Timorese people's sense of social solidarity and their diverse linguistic and cultural traditions remain vibrant. In rural areas in particular people's daily life remains entangled in shared concerns for a sociality that embraces deep connections with each other and their environments (Palmer 2015). Families of particular lineages are organised around clan groups linked to ancestral origin houses (Tetun: *uma lulik/uma lisan*).¹ which embed these families in intimate, intergenerational social, political and economic relationships with their extended kin from other origin houses (see also McWilliam 2005; Fidalgo-Castro 2015; Barnes 2017). These houses are both material structures and units of social organization and alliance. Links between these family lineages and alliances and with the surrounding environment are rooted in local spiritual ecologies, lifeworlds of obligation and reciprocity between people and a network of place-based ancestral and nature spirits (see Palmer 2015). Symbolic and material exchanges between these houses and environments form the basis of local customary economies and the intra- and inter-familial wellbeing that are central to customary healing practices (Palmer et al. 2017).

East Timorese draw on a multiplicity of sources of health-related knowledge and practices including customary forms of healing, clinical or biomedical models, popular knowledge and faith-based healing (Edmonds et al. 2005; Graves 2003; Zwi et al. 2009). There is also a rich tradition of Chinese folk-medicine amongst the Chinese-Timorese and healers also operate within the Islamic community in Dili. While East Timorese draw on a multiplicity of practices, it is also the case that recourse to formal health services is often seen as a last resort. Individual and collective decisions regarding accessing formal health services are influenced by a range of practical and financial factors. Practical issues include long distances needed to travel from remote villages to health services, the poor state of roads, and lack of access to transport. There are often prohibitive costs associated with procuring transport and accompanying family members to health facilities. Other considerations are variable standards of care among service providers and the subjective experience of patient interaction with the health sector (Price et al. 2016; Wild et al. 2012). An individual or family's decision to consult a customary or religious faith-based healer instead of, or at the same time as, accessing the formal health sector is also motivated by their perception of the underlying cause of illness or inquiry into the cause (Palmer et al. 2021).

¹ Italicised translations that follow are the original Tetun language terms used unless otherwise stated. Tetun in the lingua-franca spoken across East and part of West Timor.

Methods

Many of us have experienced the need to change the way we do research during the Covid-19 pandemic. Since I first went to Timor-Leste in 2000, and started fieldwork in 2006, there have been monumental changes in telecommunications. While in 2000 we had to use satellite phones the size of a small suitcase to communicate with the world beyond Timor-Leste, and during fieldwork in 2006 I could barely send and receive text messages to my supervisors, today there are more mobile phone connections than there are people (1.46 vs. 1.33 million). According to recent statistics there are approximately 600k internet users and 440k active social media users in Timor-Leste – Facebook being the overwhelming favourite with 420K registered users, followed by Instagram (32K), Twitter, and WhatsApp (no statistical information available on WhatsApp users) (Data Portal 2021). It is estimated that 33% of the population is active on social media (Data Portal 2021). Social media in Timor-Leste is a social space that cannot be ignored.

In the context of Covid-19, restrictions on movement, social distancing and stay-at-home orders, social media has become important site of ethnographic practice: a source of information, mis- and dis-information as well as a creative space through which people articulate hopes, fears and frustrations. I agree with Miller et al. (2016) that while social media are global in scope, the behaviour of social media users is locally specific. To understand what you observe on social media you need to also have first-hand experience on the ground. There is an argument that without actually ‘being there’, we have no real idea about the way either Covid-19 rituals or public health measures are being understood and contextualized in the places where they are carried out.

To address these challenges, in conducting research for this paper I sought to combine insights from ‘digital ethnography’, involving routine practices of catching up, sharing, exploring, interacting on Covid-19 related content posted publicly on social media as well as monitoring and archiving of other relevant publicly accessible online news and media outlets (see Pink Postill and Pink 2012; Pink et al. 2016), with interactions with long-term research collaborators in Timor-Leste via WhatsApp and Facebook Messenger and over a decade of fieldwork experience in Timor-Leste that has focused largely on the role of communal ritual practice and customary healing (Barnes et al. 2019; Barnes 2017; Palmer et al. 2017). Since I first started writing this paper, I have also incorporated insights from a parallel Covid-19 journaling project involving a group of East Timorese students from the Universidade Nasional Timor Loro’sae (National University of Timor Leste) (Barnes et al. forthcoming). Through this combination of digital ethnography, long-term research experience and exchanges with collaborators and students ‘on the ground’, I try to be attentive to the ways online and social media activity and sociality relate, reflect or refract offline reality and interactions in times of Covid-19.

Ritual Flourishing in Times of Covid-19
in Timor-Leste

Timor-Leste recorded its first Covid-19 case on March 21, 2020. On March 22, news of a communal ceremony enacted to “keep Covid-19 out of Timor-Leste”² began to circulate on social media. This was not necessarily the first Covid-19 ritual performed, but over the course of the next two to three weeks multiple ceremonies took place across the country, some recorded on-line by participants others reported by various East Timorese news agencies, including the state news agency *Tatoli*.³ Public and private images and video footage of these ceremonies were circulated widely on social media including Facebook, YouTube and WhatsApp – the platforms of choice in Timor-Leste (Data Portal 2021). Notably, on March 25, prior to his participation in a “final” ceremony which claimed to “shut the door” on Covid-19, Eugenio Sarmento, the Head of the Department for Culture in the Secretariat for Arts and Culture (Sekredariadu Estadu Arte no Kultura – SEAK) was reported to have stated that “[Maun Boot]⁴ Xanana has instructed house-based groups across the country to perform these rituals, according to their own customs” (Marques 2020).⁵

In parallel to this initial flourishing of ritual activity the government swiftly enacted legislation to declare a state of emergency on March 27, and the council of Ministers adopted Government Decree 3/2020 to combat the spread of Covid-19. The Decree promptly closed Timor-Leste’s international borders; established mandatory testing and isolation for any suspected Covid-19 cases

² Tetun original: “Satan COVID-19 husi Timor-Leste”.

³ Sousa (2021) has also written about the phenomenon of COVID-19 rituals in Timor-Leste. His focus is on what he describes as the ‘mobilisation of spiritual potency’ (Tetum: *lulik*) as a symbolic device to prevent and control the threat of COVID-19 in the context of Nation-Building. Sousa identified 36 social media and internet news posts relating to COVID-19 rituals across 23 localities in Timor-Leste.

⁴ Maun Boot means ‘Eldest Brother’ in the lingua-franca Tetun. It is used as a term of respect and familiarity. Ray-Kala ‘Xanana’ Gusmão is one of the historic leaders of the East Timorese Independence movement and first President of the Timor-Leste following the restoration of Independence. In January 2020, the party he founded CNRT (2000) abstained on the government budget, leading to the resignation of the Prime Minister Taur Matan Ruak. By late February Gusmão revealed a new 34-seat majority coalition. However, the President, Francisco ‘Lu Olo’ Guterres refused to accept Taur Matan Ruak’s resignation. In April, Taur Matan Ruak withdrew his resignation and established an alliance with the President’s party, the Revolutionary Front for an Independent East Timor (Fretilin).

⁵ There is little evidence to suggest that Xanana Gusmão ‘instructed’ houses to perform these rituals. Rituals were taking place across Timor-Leste prior to this announcement and continued after.

and essential cross-border travellers; prohibited public gatherings, social and cultural events, including religious services; and restricted funerals to no more than 10 people. Public transport services were suspended. Social distancing, hand washing, and mask use was made mandatory for essential commercial services, markets and street vendors. All educational and professional formation activities were suspended and where possible delivered remotely (via internet, television and radio).

As Timorese generally do when they sense danger, just before the state of emergency was declared, many returned to their home villages from the capital Dili. At the village and hamlet level, people are more likely to have access to a diversity of cultivated and wild foods as well as other social and spiritual supports, including ancestral protections (Barnes et al. 2020). Yet, in contrast to other crises since independence many also chose to remain in place.

The Rituals

The ritual activities observed, recorded and shared on social media in late March, April and into May 2020, varied in size, complexity and content but were fairly uniform in purpose: to prevent Covid-19 from spreading across Timor-Leste. People gathered around common ancestral sacred houses or sacred sites to perform acts of ritual sacrifice. Larger ceremonies led by elders of apical houses (see McWilliam 2005), involved multiple and sometimes numerous related houses (e.g., 17 houses in a ritual held in Maubisse, Ainaro (Racom Maubisse Mauloko 2020) and 47 houses in a ceremony in Daisua). These ceremonies (RTTL 2020)), or rituals organised at municipal level often included a number of invited guests, usually representatives from local government, the police and armed forces and sometimes the local health services (Conceicao 2020; SocialMedia GMNTV 2020b). Following the ritual ceremonies, government representatives also made public announcements reminding all participants of their responsibility to follow public health orders and to collaborate with health personnel and security forces (Conceicao 2020). Smaller, more intimate gatherings involving immediate house-members, or smaller groups of related houses also took place (WhatsApp Message to author, 20 April 2020).

All rituals aimed at keeping Covid-19 at bay, be they large or small, involved elements of ritual sacrifice, followed by augury and commensality. Since independence the revitalisation of communal rituals in Timor-Leste has played a critical role in re-activating social networks of mutual exchange – reminding people of their social obligations but also the social supports available to them (Barnes 2017; see also McWilliam 2011). Ritual sacrifice in Timor-Leste often has as its main objectives: 1) communication with the ancestors and other transcendent forms and; 2) the maintenance and furthering of life (see Howell

1992). Communication occurs first through utterances, prayers and invocations (*hamulak*) addressed to the ancestors, preceding or accompanying the killing of an animal.⁶ A response from the ancestors is then received through augury, the ‘reading’ of the signs inscribed on some bodily part of the animal (e.g., the spleen for pigs, intestines for goats and dogs). The act of commensality – the ritual sharing of food – follows. This unites humans, ancestors and other transcendent forms, reaffirming relationships that are vital for the ‘flow of life’ (Fox 1980). To close the ritual, ancestral blessings and protections are distributed in various forms including water and betel nut and leaves. These blessings, called *matak-malirin* (cooling greenness – expression of well-being and good relations) are much sought after to provide physical protection from harm, even by house members who cannot be physically present. For example, people carry ritually blessed betel leaves in their wallets or bags when away from their home village or embarking on a journey (see Barnes 2017).

In the rituals observed online and through social media, elders directed their utterances, invocations and prayers to God – sometimes expressed in terms of the Christian God ‘*Aman Maromak*’, sometimes as a dualistic divine entity ‘*Aman Maromak, Inan Maromak*’, house ancestors (*beiala*), forces of nature (*natureza*), mountains and the sea (*foho no tasi*), trees (*ai* –wood), and rocks (*fatuk*) and *lulik* (sacred generative power), and in some cases, the war ‘martyrs’ (*matebian aswain funu*) and even the Virgin Mary and the Saints (of note are Santo Antonio and Nossa Senhora de Aitara) (SocialMedia GMNTV 2020b).⁷ Some elders also directly addressed Covid-19 as a living being, imploring it not to travel to Timor-Leste, and if it did, they entreated it to take the animals and not people. Others recognised Covid-19 as a ‘dangerous’ or ‘wild’ illness (Tetun Terik: *lakar maufinu*), a pestilence (Portuguese: *peste*). In their invocations elders asked for protection for those present, members of house-based groups of a specific village or region including members living overseas, often the protections were extended beyond borders to the whole world. In the village of Sanfuk, Covalima, the principal ritual elder vividly called on the ancestors to help build a ‘strong and sturdy’ wall (*didin*) around the community to keep the virus out (Sanfuk 2020). In a number of other communities (e.g., Fatumaca (Dos Santos 2020)), signs were posted along the perimeter of ancestral land, demarcating the areas to be protected – a ritual action known as *tara bandu* – is frequently used in agricultural ceremonies to protect crops or notify the community of prohibitions on harvesting (see De Carvalho and Palmer 2008). Following the ritual sacrifice, the most anticipated part of the ceremony for many participants,

⁶ Sometimes the utterances are spoken to rocks or pebbles which are then thrown at the animal. On impact the words are said to penetrate the animal and take the message to the ancestors (see Barnes 2017).

⁷ According to the 2015 census, 97.6 percent of the population is Catholic.

but also for those recording and editing the videos online, were the results of the augury – uniformly positive – and the bestowal of ancestral blessings (*matak-malirin*) on those present and the whole community.

The turn to custom here is consistent with everyday health-seeking behaviours in Timor-Leste. When confronted with serious illness many East Timorese seek out any and all available treatments. Often this involves a hierarchy of resort starting from the family environment, reaching out to house-based authorities, charismatic healers and finally the formal health services (Barnes et al. 2019, Edmonds 2005, Graves 2003). While it was clear from most rituals that people understood Covid-19 to be an infectious disease, of note here is the recognition that Covid-19 also represents a communal threat – an invisible disease that can spread easily throughout the community. In all the rituals observed, elders spoke about preventing or stopping the ‘spread’ of Covid-19 (*hadaet*). In ceremonies recorded on the southern coastal district of Covalima, elders also emphasised past experiences of infectious disease, reminding participants that the rituals being enacted had been performed successfully in the past (e.g., Sanfuk). Even in those ceremonies that involved local government authorities, the point was made that while disease affects individuals, everyone (including God, the ancestors, *lulik* and others) is responsible for protecting the community (SocialMedia GMNTV 2020a, 2020b; Conceicao 2020).

There can be no doubt – and this was also a product of social media – that the World Health Organisation’s (WHO) designation of Covid-19 as a global pandemic, created a sense of unease and uncertainty in Timor-Leste (and across the world), and that the ritual performances enacted during this time provided people with the means to regain a sense of control and find some consolation. For example, one participant at a ceremony near the capital, wearing a protective mask, is recorded as stating:

[the ceremony] makes us feel safe (*seguru*), because although we have received guidelines from the government, which we are complying to, with this ritual it feels like we will survive. Because this virus, the elders have ordered it to return to its owner. For my part, as a citizen, I feel more at ease. (SocialMedia GMNTVa, April 6, 2020)

It is equally important to recognise that for some participants the purpose of the ritual was also to determine *why* Covid-19 had emerged as a threat at this time. Some participants echoed theories circulating globally regarding the origins of the virus. In Malilait, Bobonaro, for example, one elder confidently declared that the virus did not come from God or from nature, was not from Timor-Leste but was ‘man-made’ and ‘sent’ from overseas. He called on the authorities to investigate the origins of the disease (Mouzinho 2020). Others suggested that a calamity could only be averted if the historical leadership – key players in the armed and diplomatic front of the resistance – showed a united front. In March 2020, Timor-Leste’s

government was experiencing a political impasse which threatened to bring it down. Partisan tensions had been growing since early January, when the governing alliance collapsed after the largest coalition party, Xanana Gusmão's CNRT, abstained on the government budget, leading to the resignation of the Prime Minister Taur Matan Ruak. In many people's minds the situation brought back memories of the violence that erupted in similar circumstances in 2006 (Leach 2020).

What is more difficult to ascertain however are the meanings ascribed to these recordings by those who circulated or watched them on social media. From the comments section on Facebook posts you can glean a variety of responses. Some doubted the efficacy of the rituals, other expressed amazement that people might place their trust in the rituals, others still argued that people should be informed only by science. But many comments suggested that people found some comfort in the rituals, stating that their 'fate' was in the hands of God and/or the ancestors, or that to successfully overcome Covid-19 everyone had a role to play, many thanked the elders for performing the rituals. Different responses tended to reflect social divisions based on education, language and socio-economic position. For example, comments on shared national media posts circulated among Dili-based social media users (often written in English or Portuguese sources by *Tatoli* or the Portuguese news agency *Lusa*) tended to be more skeptical while posts made by small regional media and community-based information services (e.g., Racom Maubisse – Radio Comunidade Maubisse) were overwhelmingly positively received.

It is sometimes difficult to determine the exact date when rituals took place unless this information is clearly stated and/or reported in a post. For example, the date when a post is placed on YouTube or Facebook is not necessarily the date a ceremony took place. A number did clearly take place after the state of emergency had been declared, on March 27 (e.g., Metinaro, March 29, 2020 SocialMedia GMNTV 2020b).

Government representatives present at some of these rituals were eager to assert government authority and oversight. For example, at the ritual conducted in Metinaro on the March 29 (after stay-at-home orders had been issued), the sub-district administrator was interviewed stating that the local government had authorised elders and 5 members of each house to participate because so many people wanted to receive ancestral protections (*matak malirin*), and that they had to return straight home after the ceremony to comply with state of emergency regulations (GMNTV, March 30, 2020, 3:55–4:46). In an interview with the National News Agency *Tatoli*, Eugenio Sarmiento, Head of the Department for Culture in the Secretariat for Arts and Culture appeared to suggest that a ceremony on March 25, 2020 under the auspices of SEAK would bring local ceremonies to a close because it was in Dili where “[they] would perform a ritual to “shut the door” (*taka odamatan*) on all the rituals which had been performed

previously. On March 29, 2020, Fidelis Magalhães, President of the Council of Ministers stated on his personal Facebook Page “Traditional ceremonies must stop. Including those ceremonies to prevent COVID-19. Social gathering is a risk to public health” (Fidelis Magalhães, March 20, 2020).⁸ While there is little evidence online of Covid-19 specific rituals beyond April-May 2020 (see also Sousa 2021), it appears certain aspects of these rituals have been integrated into seasonal harvest rituals, in particular those relating to the corn and rice harvest (e.g., Quelicai, Da Cruz 2021).

Public Health Responses

In many ways the government of Timor-Leste and the health authorities’ response to Covid-19 was exemplary. Early on (March/April 2020) an Integrated Crisis Management Centre (Centro Integrado Gestão de Crise – CIGC) was established to co-ordinate the national response. In a few short weeks, and with the support of the WHO, an in-country testing facility, isolation and quarantine facilities, infection control and case management guidelines, PPE stock and active surveillance capabilities were in place (WHO 2020). As described above, local authorities also appeared initially to respond positively to spontaneous community reactions to the virus by tolerating, if not actively supporting, Covid-19 rituals within a specific time frame. This likely not only increased awareness of the virus in dispersed communities but also added weight to public health responses (see also Sousa 2021). While these measures were put in place to prevent the spread of Covid-19, the Government of Timor-Leste also acknowledged the social and economic impact and introduced a number of financial support programs, to not only support citizens as they self-quarantine, but also to boost the economy (The Asia Foundation 2020).

Covid-19 in Timor-Leste remained largely under control with low case numbers and zero deaths throughout 2020. With no mass testing initiatives, almost all cases were linked to well defined clusters in government quarantine facilities (WHO 2020). Yet, as case numbers grew in neighbouring Indonesian West Timor in late 2020, there was increasing concern regarding illegal cross-border activity as many East Timorese studying and working in Indonesia tried to get home. In early February 2021 the first clusters of cases were found through mass-testing in the border areas. On February 5, the government imposed a ‘sanitary fence’ (*serka sanitaria*) in the border municipalities of Covalima and Bobonaro, on March 8, the capital Dili was placed under similar restrictions. From this point there was a rapid increase in the number of reported cases. Then

⁸ “Cerimônia tradicional sira hotu tenke para. Inklui cerimônia duni ka satan COVID19. Aglomeração ka ema halibur fo ameaça ba saude pública”. Author’s translation.

on April 4, the capital Dili and communities along the northern coast and central highlands were affected by flooding caused by cyclone *Seroja*. Covid-19 cases increased exponentially throughout April and May.

During this second wave of Covid-19, the collaboration and community spirit that characterised the first wave of infections – like in so many places around the world – was sorely tested. Political, economic and social tensions and fissures simmering since January 2020 threatened to undo the response. As elsewhere, anger and frustration were often directed towards health workers, who were physically and verbally abused in person and online. Many of these incidents are also recorded live and posted online. The CIGC and Health authorities regarded these attacks to be largely caused by an ‘infodemia’, defined by Dr. Rui Maria Araújo, coordinator of the CIGC as, “too much information, information which does not inform but ‘dis-informs’, and seeks to sow seeds of doubt and discord, making people fearful” (Neon Metin Info 2021).⁹

It has to be recognised, however, that in some cases the government response was also excessively top-down and heavy handed, and thus contributed to popular misgivings. For example, in May 2021, the Council of Ministers published its decision to alter Government Decree 14/2021 (April 29, 2020), stating that all individuals residing within Timor-Leste will be required to undergo swab testing, and that “individuals who refuse to undergo this medical examination will be subjected to obligatory prophylactic confinement in health establishment, residence or state isolation centre” (RDTL 15/2020). Several human rights groups questioned not only the legality and ethics but also the practicality and logistics of this decision (see Fundasaun Mahein 2021).

Furthermore, the bio-medical language used by the health services, including the CIGC, has often been not only highly technical and nuanced but also relatively ‘new’ to most East Timorese (see also Silveira 2021). For example, in an April 2020 briefing to inform journalists about the meaning of various technical terms, Dr Araújo asked journalists not to use the word ‘pandemic’ (Portuguese *pandemia* is often used) but the word ‘outbreak’ (Tetun *surtu* from Portuguese *surto*) (Tatoli 2020). Yet, neither of these are words that people were necessarily familiar pre-Covid-19. Agreeing on words and phrases that best describe difficult concepts and co-ordinating the local trusted authorities is critical, but it is also important to recognise that communicating solely in a particular Dili based-version of the national lingua franca Tetun makes marginalized people more vulnerable (Silveira 2021; TWB 2020).¹⁰

⁹ “‘Infodemia’”, katak informasaun barak demais, no informasaun ne’bé la informa, maibé ‘dezinforma’ no buka atu kuda dúvida, hamosu deskonfiansa, no halo tauk ema”. Author’s translation from Tetun to English.

¹⁰ Dili-based Tetun integrates many loan words from Portuguese and some Indonesian and English words also (see Van Klinken and Hajek 2018).

Similarly, certain aspects of the response presented by the authorities as ‘technical issues’, to be resolved by following ‘best practices’, and ‘protocols’, were poorly communicated to the broader community. Notably, there were many rumours and concerns circulating in social media regarding Covid-19 coffins and cemeteries. These rumours materialised into a political incident following the second Covid-19 related death, when historic leader Xanana Gusmão intervened to request the body of a deceased person to be returned to the family to be buried according to customary practice (see Rose 2020). Commentaries on social media tended to be polarised (often along political lines), with some upholding the right of health officials to implement Covid-19 policies, while others stressed the need to accommodate ‘cultural practices’ (Rose 2020). Mutual accusations of being elitist/populist, intelligent/stupid, informed/obscurantist circulated within the community. Eventually, an agreement was reached between representatives of the family, including Xanana Gusmão, and the authorities that would allow for the burial to go ahead in a culturally appropriate manner that also complied with the necessary health measures. Later, health authorities recognised that their response to the first Covid-19 related burial had been ‘exaggerated’ and ‘excessive’ – an excavator had been used to lower the body into the grave – but stressed that the politicisation of the case had led to a questioning of whether or not Covid-19 had been the cause of death, fuelling rumours circulating on and offline at the time concerning the severity and even existence of the virus. While Covid-19 may not have been the cause of death, the person had Covid-19 at the time of death (Sampaio 2021).

The excessive precautions taken for the first Covid related deaths and burials, which prohibited customary mourning practices did little to instill confidence in health services which, despite being one of the few identifiable government services beyond the capital Dili, have long been held by many ordinary citizens as inaccessible and inequitable (Burke 2020).

Discussion

In calling on ancestral protections to keep Covid-19 at bay and community members to act collectively to protect themselves and others, the Covid-19 rituals described above demonstrate a clear understanding of the nature of infectious disease, models of causality and fears around infection. While local government authorities and security forces participated in larger communal rituals within a set time-frame, there was little or no acknowledgement on the part of public health officials of the role those customary authorities might play in support of measures enacted to prevent the spread of Covid-19 in Timor-Leste. Rather than a potential resource ‘custom’ is generally considered an impediment to formal

health access and care (Palmer et al. 2017) and in the case of Covid-19 the focus was on the risk of contagion presented by communal life and death rituals that are central to East Timorese forms of sociality. Yet, customary leaders (and healers) hold a high degree of cultural authority, particularly but not exclusively in rural communities, and can support the implementation of national level public health measures.

Social science research on epidemics has shown that communities have local capacities to contain epidemics and the ability to learn with the bio-medical response (Ripoll et al. 2018, 20). References to past experiences of ‘wild’ or ‘dangerous’ illnesses that spread easily in the community and actions taken to mitigate the spread of disease (such as the isolation and exclusion of animals) suggest that these experiences and capacities also exist within East Timorese communities. Data suggests that there was little or no compliance with public health orders in rural and remote areas of Timor-Leste during the pandemic (Barnes et al. forthcoming). Engaging with local communities in a two-way dialogue to discuss beliefs regarding infectious disease (human and/ or animal) and existing prevention strategies can assist in identifying community-based strategies that support public health objectives and measures in the future. For example, in Fatumaca (Dos Santos 2020) and Baucau Vila (Costa 2021), drawing on the concept of *tara bandu*, ritual markers were used to define territory and protect against Covid-19 from non-community members, such actions could have been used to explain and reinforce public health measures such as sanitary fences (*serak sanitaria*), isolation (*isolamentu*) and quarantine (*karantina*).

Furthermore, as Ripoll et al. (2018) argue “beliefs on the causality of disease and how to address it are not static: they adapt to material circumstances, changing environments and the learning process of communities and responders”. Ebola affected communities demonstrated a capacity to modify cultural practices, including burial practices, to prevent transmission (Hewlett and Hewlett 2008). The East Timorese capacity to adapt in times of crisis is well documented. East Timorese were forced to modify their burial practices and many other cultural activities during the Indonesian military occupation (Carey 1999; Aditjondro 1994). Not only do communities have the capacity to learn and adapt but many also have existing coping mechanisms to deal with epidemic illness that are qualitatively different to how illness is dealt with in ‘normal’ circumstances’; (see Hewlett and Hewlett 2008; see also McWilliam 2003; Palmer and Barnes 2021).

Another lesson learned from the West African Ebola epidemic is that where trust is built up on ‘bottom-up approaches with communities’, and when local perspectives are respected, communication efforts can be effective (Ripoll et al. 2018). Identifying trusted customary elders, particularly those who are also recognised within the community as healers, can encourage early detection and referral. Coercive and authoritarian response strategies – even when undertaken

with the best intentions – are more likely to backfire and produce resistance. Resistance can also be expression of the social divisions left successively by colonisation, civil wars, and post-conflict development policies (Fairhead 2016; Calain and Poncin 2015, 127 in Ripoll et al. 2018).

In Timor-Leste the experience of Covid-19 exposed social cleavages based on education, language and socio-economic position. Much of the public health information generated in Timor-Leste is developed and consumed by international development workers and Dili-based elites with access to technology and resources. More often than not infographics and media used in public health campaigns are a carbon copy of similar material produced by WHO for elsewhere in the world. For public health information to be successfully communicated it must be delivered in appropriate language, formats and venues (TWB 2020). Rather than just instructing people about what to do in a top-down manner, explanations must be given about why these behaviours are important, a greater level of detail provided, and connections made with past lived experiences. For many East Timorese, these lived experiences of illness and disease are interpreted primarily through and by customary beliefs and practices (Barnes et al. 2019; Grace 2020).

Conclusion

In July 2022 I returned to Timor-Leste for the first time since the Covid-19 pandemic began. During the visit I met a group of healers with whom my colleague and I had made a short documentary on customary approaches to health and healing (see Palmer and Barnes 2021). As we prepared to watch the film together for the first time, I asked if many people had been sick during the pandemic in their community. Without hesitating one healer turned to me and said, “We had no Covid deaths, we performed our rituals to keep Covid out of the community” (PX pers. comm. 23rd July 2022). I then went on to ask about public health measures and responses, in particular the national vaccination campaign. While few remarked on the effects of restrictions on movement or containment measures such as the imposition of sanitary fences or quarantine, several healers confirmed they had had one or two doses of the vaccination. The readiness of customary healers to comply with public health recommendations suggests that the enactment of Covid-19 rituals do not undermine the authority of formal health sector but rather may work to support and strengthen it.

The turn to custom and ritual in times of crisis is not unique to Timor-Leste or Covid-19 (Douglas [1985]2013; Brown 2020; Dharmika 2021, Dewantara 2022) nor does it preclude support and engagement with public health measures. The levels of participation observed in Covid-19 rituals online and local sup-

port for these initiatives expressed on social media and on the ground suggests that, at the very least, health authorities should co-ordinate and collaborate with trusted customary authorities to develop meaningful public health messaging – where a mutual strengthening of purpose occurs, compliance is more likely (see also Palmer et al. 2017).

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Učiti iz rituala:

*mere zdravstvene zaštite protiv kovida-19
i poruke upućene javnosti u Istočnom Timoru*

U radu se bavim značajem ritualnih aktivnosti u vezi s kovidom-19 u Istočnom Timoru – šta nam one govore o verovanjima i odnosu prema zaraznim bolestima u Istočnom Timoru i zašto je razumevanje kulturnih dimenzija zaraznih bolesti od ključne važnosti za zdravstvenu zaštitu. U Istočnom Timoru prvi slučaj kovida-19 zabeležen je 21. marta 2020. Tokom narednih nekoliko nedelja starešine su održavale ritualne obrede širom zemlje kako bi mobilisali pretke i zamolili ih za zaštitu od kovida-19. Ove ceremonije su kružile društvenim mrežama kako u Istočnom Timoru tako i među dijasporom. Paralelno s ovim početnim zamahom ritualnih aktivnosti, vlada je brzo donela zakonske odredbe i proglasila vanredno stanje, zatvorivši međunarodne granice i otvarajući karantinske centre širom zemlje. Odgovor zdravstvenih vlasti na kovid-19 je u mnogo čemu bio uzoran, s malim brojem obolelih i bez smrtnih slučajeva tokom 2020. Međutim, od februara 2021. broj zaraženih kovidom-19 eksponencijalno raste, pritom razotkrivajući društvene rasepe prema obrazovanju, jeziku i socio-ekonomskom položaju. S ograničenim resursima, zdravstvene vlasti, a naročito Centar za integrisano upravljanje kriznim situacijama, usredsredile su se na prevenciju, praćenje kontakata i testiranje, pridržavajući se smernica SZO s

naglaskom na „najboljoj praksi“. Pa ipak, ovaj odgovor je kritikovan zbog toga što je previše hijerarhizovan i bez dovoljno sluha. Na primer, određene zdravstvene mere kao što je obavezno testiranje i protokoli sahranjivanja, loše su predstavljeni široj zajednici. Upotreba jezika biomedicine i uvođenje novih termina i pojmova bilo je previše didaktično i lišeno lokalne kontekstualizacije. Za većinu stanovnika Istočnog Timora, posebno one iz ruralnih krajeva, iskustvo s bolešću prvenstveno se interpretira putem i pomoću tradicionalnih verovanja i praksi. Rituali usmereni ka kovidu-19 pokazuju jasno razumevanje prirode zaraze, kontaminacije, bolesti, kauzalnih modela i strahova vezanih za infekciju. Takođe otkrivaju lokalne kapacitete za obuzdavanje epidemija i sposobnosti da se uči uz biomedicinski odgovor. Primećeni nivoi učešća u onlajn kovid ritualima kao i lokalna podrška ovakvim inicijativama izražena putem društvenih medija u najmanju ruku ukazuje da bi zdravstvene vlasti trebalo da sa lokalnim zajednicama stupe u dvosmerni dijalog kako bi razgovarali o verovanjima i postojećim strategijama prevencije koje mogu da pomognu i podrže ciljeve i mere zdravstvene zaštite.

Ključne reči: kovid-19, ritual, običaj, prevencija, komunikacija

*Apprendre les rituels:
Les mesures de protection sanitaire contre le covid-19
et les messages adressés au public dans le Timor oriental*

Dans mon travail je traite l'importance des activités rituelles en liaison avec le covid-19 au Timor oriental – ce qu'elles nous disent sur les croyances et le rapport envers les maladies contagieuses au Timor oriental et pourquoi la compréhension des dimensions culturelles des maladies contagieuses a une importance capitale pour la protection sanitaire. Au Timor oriental le premier cas du covid-19 a été noté le 21 mars 2020. Au cours des semaines suivantes les chefs ont organisé des rituels dans tout le pays pour mobiliser les ancêtres et les prier de les protéger du covid-19. Ces cérémonies circulaient sur les réseaux sociaux aussi bien au Timor oriental que dans la diaspora. Parallèlement à cet élan initial des activités rituelles, le gouvernement a rapidement pris des dispositions légales et déclaré l'état d'urgence, en fermant les frontières internationales et en ouvrant les centres de quarantaine dans tout le pays. La réponse des autorités sanitaires au covid-19 a été exemplaire sous beaucoup de rapports, avec un petit nombre de malades et sans cas de décès au cours de l'année 2020. En revanche, à partir de février 2021, le nombre de contaminés par le covid-19 augmente de façon exponentielle, révélant alors des ruptures sociales en fonction de l'éducation, de la langue et de la position socio-économique. Avec des ressources limitées, les autorités sanitaires et notamment le Centre de gestion intégrée des

situations de crise, se sont concentrées sur la prévention, le suivi des contacts et les tests, en s'en tenant aux directives de l'OMS concernant notamment la « meilleure pratique ». Cependant, une telle réponse a été critiquée parce qu'elle est trop hiérarchisée et insuffisamment adaptée. Par exemple, certaines mesures sanitaires comme les tests obligatoires et les protocoles d'enterrement, sont mal présentées à la communauté tout entière. L'utilisation de la langue de la biomédecine et l'introduction de nouveaux termes et notions étaient trop didactiques et privées d'une contextualisation locale. Pour la plupart des habitants du Timor oriental, particulièrement ceux des régions rurales, l'expérience de la maladie est principalement interprétée à l'aide des croyances et des pratiques traditionnelles. Les rituels en relation avec le covid-19 démontrent une claire compréhension de la nature de la contagion, de la contamination, de la maladie, des modèles causaux et des peurs liées à l'infection. Ils mettent également en lumière les capacités locales pour endiguer les épidémies et les aptitudes d'apprendre en s'appuyant sur la réponse biomédicale. Les niveaux de participation notés dans les rituels covid en ligne ainsi que le soutien local à de telles initiatives exprimé par le biais des médias sociaux démontre pour le moins que les autorités sanitaires devraient entrer en dialogue avec les communautés locales pour discuter des croyances et des stratégies existantes de prévention pouvant servir et favoriser les objectifs et les mesures de protection sanitaire.

Mots clés: covid-19, rituel, coutume, prévention, communication

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