3. Situating medical anthropology: between the "ivory tower of science", activist engagement, and ethical responsibility

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## Session 1:

João Biehl, Princeton University, New Jersey, USA:

The right to a non-projected future: ethnography in the field of global health

This paper critically assesses the expanding field of global health. It makes the case for ethnography as an empirical lantern in this expanding field and argues for a more comprehensive, people-centered approach. Disease is never just one thing, technology delivery does necessarily not translate into patient care, and biology and technology interact in ways we cannot always predict. Also, unintended consequences may be unleashed by even the most carefully designed interventions. Anthropologists must continue to challenge orthodoxies and compel the worlds of science, policy, and human rights to reckon with the realities we uncover—even when the powers-that-be dismiss our evidence as anecdotal or impractical. By shifting the emphasis from diseases to people and environments, and from trickle-down access to equality, we have the opportunity to set a humane agenda that both realistically confronts the challenges we face and expands our vision of the future of global communities.

Janice E. Graham, Dalhousie University, Halifax, Canada:

Situating medical anthropology in global health regulation

Public trust in the making and uses of medicines and in the health care "enterprise" is in decline worldwide. Evidence-based medicine has been shown to be subject to the conflicts of interest it was originally designed to control. Techno-political interventions disrupt and poke holes into regulatory pathways, forming new ecosystems - new human kinds created from the matrices of biologies, environments and socio-politics acting together. The descriptive mapping and critique of norms and values that go into the establishing standards is the stuff of a morally engaged medical anthropology. Having moved beyond classification and explanatory models to lend critical ethnographic interrogation to assemblages of science and technologies, medical anthropology in the 21st century is well positioned to do more than simply describe the local-global lines connecting bio-political cultures to human becomings. Having modestly witnessed the interested authorization of evidence, we can actively engage in the development of moral policies that expose and defeat unjust perversions. Drawing from longitudinal fieldwork among multilateral actors, my paper describes the circulation of expertize, of scientific and political actors and

activities involved in the development, planning, regulation and implementation of vaccines in sub Saharan Africa.

Walter Bruchhausen, University of Bonn, Germany:

Medical anthropology in global health education. German and international perspectives

The worldwide mobility of medical students and physicians as well as activist initiatives such as the people's health movement brought global health into (optional) medical curricula. Medical anthropologists participated in this rapid development, prominent North American representatives like Arthur Kleinman, but also in central Europe, e.g. Vienna, Maastricht and some German universities. Yet in most German global health courses, medical anthropology is hardly represented.

Based on the international discussion, recent surveys for Germany and the teaching experiences from Bonn and Aachen, the paper discusses possible educational contributions of medical anthropology in practically relevant fields for interdisciplinary global health courses: migration and health, community participation, medical pluralism, the ethnography of health organisations, disease control programs, hospitals and medicines.

Anthropology's main contribution is not additional knowledge, but the change of perspectives: from abstract principles of medicine, health policy and their ethics to the experiences and views of the different actors, from universalistic ethics to respecting local moral worlds – without being cynical on universal achievements such as the human rights or biomedical approaches, but by demonstrating the need for contextualisation. Thus the ethical responsibility of medical anthropology not only in and for research, but also in and for interdisciplinary higher education is assessed.

## Session 2:

Susan Erikson, Simon Fraser University, Burnaby, Canada:

Producing numbers: the power and authority of big data transversing the digital divide

This paper presents findings from research conducted spring 2013 in Sierra Leone on how global networks of experts have developed common knowledge frameworks for decision-making, specifically relative to the production and use of statistics in global health work. Special attention is paid to the development and use of shared epistemic norms across public and private sectors, faith-based organizations, humanitarian and investment concerns. The larger research project attends to how global bureaucracies use statistics in global governance, and how emergent power structures potentially shape, modify and control local

access to global health resources. The paper takes up the questions: What differing insights does anthropology offer in its productions of both numbers and narratives? Where do we locate activism in our analyses of the statistical means as ends? Must an ethical activism of anthropology include a "preference for the poor"?

Eileen Moyer, University of Amsterdam, Netherlands:

Working with HIV activists in eastern Africa: reflections on a decade of critical engagement

HIV activists, including comrades inhabiting the ivory tower, played a key role in helping to make HIV treatment a reality for millions of people in the global South over the last decade. The coming of treatment, however, has also brought fundamental challenges to HIV activism. As people live longer with HIV, their needs and desires shift and diversify, making it more difficult to maintain a unified activist front. This paper draws on research I conducted over ten years in five neighboring countries in eastern Africa: Ethiopia, Kenya, Tanzania, Uganda, and Zambia. During this period I was engaged in a four research projects, ranging from applied and participatory to more classical ethnographic research of the deep hanging out variety. What all these projects had in common was an explicit methodological and ethical commitment to do research with HIV positive people rather than research about them. In this paper, I will reflect on the process of working together with affected communities over the last years, highlighting the challenges and advantages, as well as (for me) surprising empirical and theoretical insights gained from my sustained engagement with critical activist voices in the communities where I conducted research.

Tanja Ahlin, University of Amsterdam, Netherlands, and Roberta Raffaetà, University of Trient, Italy:

Medical anthropology and the politics and ethics of publishing in academia and beyond

Medical anthropologists, working at the crossroad between medical sciences, public health and anthropology, often need to approach publishing their findings with the demands of their job market in mind, but they must also deal with issues of their ethical responsibilities towards those they study. How do they write about suffering and health and account for their subjectivities in their texts? From the perspective of ethics, should their publications be oriented towards making a change? While media, specifically the Internet, have changed the mechanisms of academic publishing profoundly, it remains a question whether knowledge has become more accessible and easier to circulate. Do articles written by medical anthropologists reach and address policy makers, and do they help raise public consciousness on issues of health and suffering? Often, charging significant fees for printed journals is justified by pointing out that the target audience for these publications is very limited. In that case, would this not

be the perfect time for anthropology to open up and become more engaged with the public outside the university? In the paper, we explore these questions by discussing the views of participants at a round table on this topic that will take place in Tarragona this June.