German Anthropological Association Conference 2015, Marburg

Workshop Nr. 23

The making and unmaking of "crises" and "emergencies" in global health

AG Medical Anthropology (Dominik Mattes and Hansjörg Dilger)

Session 1

Keynote address: Normal Emergencies: Crisis and Care in African Public Health"

Prof. Dr. Ruth Prince, University of Oslo/Cambridge University, r.j.prince@medisin.uio.no

Short abstract (282 Zeichen)

This talk examines the normalization of crisis in contexts – such as public hospitals in east Africa – that lie in the shadows of global health interventions, and discusses some implications of crisis for the mobilization of national publics around a more equitable 'public' health.

Long abstract (1.329 Zeichen)

This paper examines the normalization of crisis in contexts beyond the hot spots of emergency intervention identified and acted upon by global health. Crisis is often conceived as a temporary aberration; a momentary albeit often shattering event disrupting the normal flow of life. Inspired by Henrik Vigh's discussion of 'crisis as context' and Steve Feierman's discussion of 'normal emergency', I explore contexts in which crisis is not an exception but instead forms and shapes the everyday. Drawing on my fieldwork in a large Kenyan public hospital, I explore the routinization of crisis within the 'normal emergency' of health care in Kenya, and the relationship between crisis and care. How do medical professionals define care in a context in which the absence or breakdown of vital medical equipment and medicines are everyday events with severe consequences? How is care defined and enacted in a context of malfunctioning equipment, inadequate medicines, and a shortage of hospital staff? I argue that for doctors, nurses and interns, the patient file offers a locus of action and evidence of the social production of care. Against the fragility of patient's bodies and the uncertainty of biomedical treatment, the patient file projects a form of collective endeavour, institutional stability and bureaucratic belonging.

Paper 1: What are "*Public Health Emergencies of International Concern*?": Switching Focus from Ebola Outbreaks Towards Health Systems in Uganda

Caroline Ryan, Trinity College Dublin and Prof. Dr. Fiona Larkan, Trinity College Dublin, larkanf@tcd.ie

Short abstract (292 Zeichen)

Revised International Health Regulations define Ebola as a "public health emergency of international concern" warranting international response. Two case studies in Uganda critique this definition and explore the process and consequences of disease focused interventions on local communities.

Long abstract (1.174 Zeichen)

Under the revised International Health Regulations (2005), Ebola is defined as a "public health emergency of international concern" or PHEIC, warranting an international response. PHEIC categorization is based on three criteria; potential to spread "internationally", being "unusual or unexpected" and having significant potential to restrict travel or trade. This paper begins by critiquing the definition of a PHEIC and then explores the impact of exceptionalizing a disease in terms of response intervention on two communities in Uganda. Two case studies using twenty-five in depth interviews, documentary analysis and direct observation were undertaken with key health care workers and community members who experienced an Ebola outbreak in western Uganda in 2007 and 2012. Findings challenge the exceptionalization of specific infectious diseases perceived by the wealthier international community as a threat to their economic, public health and security status. It conveys how this exceptionalization creates fear and stigma among local communities, undermines the relevance of endemic disease and channels scarce resources to temporary disease focused interventions.

Short abstract (292 Zeichen)

Revised International Health Regulations define Ebola as a "public health emergency of international concern" warranting international response. Two case studies in Uganda critique this definition and explore the process and consequences of disease focused interventions on local communities.

Paper 2: Constructing Violence Against Women as Global Health Crisis: Historical, Social, and Cultural Considerations in Tanzania

Jessica Ott, Michigan State University, ott.jessicam@gmail.com

Short abstract (298 Zeichen)

In my paper, I describe how violence against women has been constructed as a crisis leading to a higher rate of HIV infection among women in Sub-Saharan Africa. Additionally, I explore possible social and cultural consequences of an intense global health focus on gender-based violence in Tanzania.

Long abstract (1.198 Zeichen)

In the mid 2000s, the World Health Organization (WHO) reconfigured its HIV/AIDS prevention guidelines to highlight violence against women. This was in response to political advocacy and epidemiological research findings showing an association between HIV infection and gender-based violence (GBV). In this sense, HIV/AIDS has not become normalized; rather, GBV has been constructed as the underlying crisis leading to a disproportionate number of new HIV infections among women in Sub-Saharan Africa. In my paper, I explore the broad political processes through which GBV has been constructed as a global health crisis in addition to the social and cultural consequences of a recent dramatic influx of funding for GBV interventions in Tanzania. I focus on what happens to local women's organizations that have historically incorporated a human rights framework for addressing violence against women when GBV becomes a primary focus of the global health apparatus. Additionally, I explore the historical context and possible implications of explanations for GBV and HIV that cite "culture" as a primary cause. Last, I consider the potential effects of GBV interventions on gendered social relations.

Session 2

Paper 1: The European Crisis, Infectious Diseases and Precarity in the Global North

Dr. Janina Kehr, Centre for Medical Humanities, University of Zurich, j.kehr@mhiz.uzh.ch

Short abstract (227 Zeichen)

I will examine the "second modernity" of infectious diseases of the past like tuberculosis through the prism of the on-going economic crisis in Europe and the production of precarity in late liberal welfare states.
Long Abstract

Long abstract (1.196)

In their 2011 annual report, in the midst of the EU economic crisis, *Médecins du Monde* announced an imminent "sanitary crash" in France, which would render the living conditions of poor people unbearable. At the same time "long forgotten plagues", as the German weekly *Die Zeit* once called tuberculosis (TB), were said to return to European cities, not least because of the cutback of social welfare systems, be it in poor suburban neighborhoods of Berlin, Paris, or Athens. I will examine the "second modernity" of infectious diseases of the past like tuberculosis through the prism of the on-going economic crisis in Europe and the production of precarity in late liberal welfare states. I will critically interrogate what Craig Calhoun termed "the emergency imaginary" using the example of TB, a disease that has continuously existed in exactly the places where it is said to "return" with the crisis. Combining ethnographic material from fieldwork in TB control centres and charitable health centres in the French region Seine-Saint-Denis with theoretical works on modernity and crisis, I will thus show how "diseases without a future" gain a second modernity today, also in the Global North.

Paper 2: A 'Multidisciplinary' Crisis

Emanuele Bruni, United Nations Office for the Coordination of Humanitarian Affairs (UNOCHA), Geneva, brunie@un.org

Short abstract (184 Zeichen)

The outbreak of the Unknown Liver Disease in North Western Tigray (Ethiopia), an ethnography of an epidemic crisis within a framework of global health research and humanitarian action.

Long abstract (1.199 Zeichen)

A disease of unknown etiology with significant morbidity and mortality for humans and animals has been affecting several villages in Ethiopia since 2001. Epidemiological studies were carried out by many national and international institutions. After ruling out an infectious cause, some of these gathered under the National Program Coordination Committee and in 2012 identified the outbreak as a Veno-Occlusive Disease due to Pyrollizine Alkaloid exposure, contained in a noxious weed (*ageratum*).
Many questions were raised by other institutions and the population, amongst others the presence of the suspected weed in the whole country since centuries. In addition, despite an

official promotion of a multidisciplinary approach, lack of local ownership, rumours and disaster assessment fatigue emerged.
Aimed to assist the public health intervention, this ethnography was extended to:

- socio-political dynamics connected to the investigation
- analysis of conflicts amongst different *contextual rationalities*
- anthropologist's role in a multidisciplinary research.

What occurs is a critical reflection on the crisis configuration and the contradictions embodied by such a humanitarian research field.