

Without alternatives?!

Challenging political-economic dogmas in the field of health and healing

Convenors: Claudia Lang (Cermes3, Paris, claudia.lang@inserm.fr) and Dominik Mattes (Freie Universität Berlin, dominik.mattes@fu-berlin.de)

Keynote: Dr. César Abadía-Barrero, Department of Anthropology and Human Rights Institute, University of Connecticut

Human health and well-being are closely contingent upon economic ideologies and political dogmas, and health professionals as well as policy makers in all parts of the world have long contended about how to organize equitable health care. Historically, both excessive neoliberal agendas and socialist processes of enforced communization have had disastrous effects on affected people's physical and mental health. And more recently, nationalist-oriented actors push for drastic cutbacks of international (development) aid and prioritize service provision for particular populations within 'their own' countries, thus exacerbating unequal access to health care 'at home' and abroad. Such different approaches are often presented as being without alternative, i.e. as unnegotiable in face of previous failures and specific political and financial constraints. We invite papers that ethnographically explore how such logics of lacking alternatives are created, conveyed, defended, and (in)validated. What are the implications for the structuring of health systems, practices and ethics of caregiving, involved social relations and moral normativities, and individual experiences of suffering? How do such logics relate to the notion of health (care) as a fundamental human right and public good? What are the consequences in terms of the commodification of health and the (re)distribution of responsibilities for its maintenance and promotion? Which disparities regarding access to therapeutic means and innovation do they tackle but also engender? We further wish to attend to the sites and workings of resistance to such forms of discursive and practical closure: Where and how are respective logics contested and practically levered out? How and to what effect do patients, health practitioners, and policy makers maintain their openness to think and act alternatively in their endeavor to sustain and support their own and others' health and well-being?

Please submit both a long version (max. 1,200 characters including spaces) and a short version (max. 300 characters including spaces) of your abstract to claudia.lang@inserm.fr and dominik.mattes@fu-berlin.de.

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