

Call for Papers

RADICAL HEALTH

Doing Medicine, Health Care, and
Anthropology of the Good

Freie Universität Berlin, 2-4 October 2020

In contemporary times of proliferating neoliberalization, augmenting socio-economic disparity, environmental degradation, and political struggles around identities and belonging, health and well-being are becoming increasingly fragile. Entangled economic, ecological, social, cultural, and political factors affect people's living environments and professional worlds and render health and health care provision a complicated affair.

Throughout the past four decades, social and cultural anthropology has played a significant part in unearthing the "harsh and brutal dimensions of human experience, and the structural and historical conditions that produce them" (Ortner 2016: 49) in both theoretical and empirical terms. Critical medical anthropologists, in particular, have enhanced our apprehension of how even the most intimate aspects of ill health are to be read in the light of larger political-economic conditions impinging on the world and the humans dwelling in it. Their contribution may be subsumed under what Sherry Ortner has labeled 'dark anthropology'. This notion comprises a theoretical emphasis on "terms of power, exploitation, and chronic pervasive inequality" as well as a predominant empirical interest in "dark subject matter" such as the articulations and effects of neoliberalism.

Notwithstanding the relevance of such anthropological inquiry, however, Ortner questions its purpose "if we cannot imagine better ways of living and better futures" (ibid.: 60). In a similar vein, Joel Robbins proposed to turn toward an 'anthropology of the good', which does not "dismiss people's investments in realizing the good in time as a mere utopianism" and "returns to our discipline its ability to challenge our own versions of the real" (ibid.: 458). Such an anthropology of the good can act in solidarity with radical notions and practices of "good" medicine and health care oriented to not only the past and the present but also imaginative futures (cf. Jackson 2013).

Transposing these ideas to the fields of medical anthropology, medicine, and public/global health, in this conference we wish to focus attention on how 'healthy futures' can be envisioned, theorized and actually be 'done' despite and in response to multiple constraints. We are specifically interested in gauging the mutual fertilization of "emancipatory social science" that aims to explore alternatives to established "structures of power, privilege, and inequality" (Wright 2010: ii), on the one hand, and attempts of providing health care in radically novel ways, on the other. Radicality, here, may be understood in the sense of taking seriously the intersectionality involved in health issues, which not only require medical or technological interventions, but also political, economic, and ecological responses. It may further refer to approaches that defy customary social and professional hierarchies and aim for more productive forms of collaboration and solidarity.

To this end, we wish to gather anthropologists and other social scientists, medical professionals and

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Association for Anthropology and Medicine (AGEM)

Work Group Medical Anthropology (AGMA) of the German Anthropological Association
Institute of Social and Cultural Anthropology, Freie Universität Berlin

AGEM Arbeitsgemeinschaft
Ethnologie und Medizin

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health practitioners, as well as health activists. We seek theory- and practice-oriented as well as ethnography-based contributions that open up avenues toward an understanding of what is conducive to “good” health in politically, economically, ecologically or otherwise restricted living contexts.

Among other questions, we wish to discuss: How do innovative/radical projects and initiatives foster ‘good’ medicine and health care? What are the challenges to implementing respective visions in specific political-economic and socio-cultural contexts such as urban (super)diversity, transnational migration, austerity politics, ecological crises, and reemerging nationalism and authoritarianism? Which socio-material infrastructures do actors build on to counter structural impediments to their day-to-day work such as shrinking state investments in health?

Another set of questions concerns the conceptualizations and political implications of ‘radicality’ (and, for that matter, alterity) itself: Which registers of radicality and alterity are conducive to establishing effective alternative forms of designing and doing health care? Are explicit political demands for the alteration, if not abolishment of hegemonic institutions, more promising in the long run than the successive establishment of subversive small-scale spaces of alternative medical practice? What do relevant actors conceive as radically different in the



first place? Who perceives whom to be radical for what reasons and to what effect?

We are further interested in theories that substantiate the work of existing radical health initiatives. Which social scientific notions have found and proved to be productive for involved professionals’ ways of critically reflecting on health and well-being and practicing health care? Conversely, where do particular concepts and approaches reach the limits of their explanatory force, and which new theoretical questions arise from health professionals’ and activists’ practical involvement in continually changing socio-demographic and political contexts?

In sum, the conference will explore the possibilities for a mutual cumulative learning process between practice and theory and converge anthropological, medical, and health epistemologies, to generate new research questions, induce innovative theoretical and practical approaches, and exceed conventional ways of knowing and doing health (cf. Hardon and Pool 2016). We particularly aim at gauging possibilities for the formation of strategic collaborations of social scientists, medical professionals, public health experts, health activists, and other professionals toward transgressing boundaries between theoretically oriented academia and practice-oriented medicine and health care, and contribute to the continuous envisioning and implementation of anthropology, medicine and health care of the good.

Please submit an abstract of max. 300 words describing your theoretical intervention, ethnographic research, or health initiative by 20 October 2019 to radicalhealth-berlin2020@mailbox.org.

We encourage suggestions for individual scientific presentations, roundtables, film screenings, and other formats that will enable the active involvement of all conference participants and foster collaborative ways of knowing and acting.

References

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- Robbins, Joel. 2013. Beyond the suffering subject: toward an anthropology of the good. *Journal of the Royal Anthropological Institute* 19: 447-462.
- Wright, Erik Olin. 2010. *Envisioning Real Utopias*. London and New York: Verso.
- Jackson, Michael. 2013. *The Wherewithal of Life: Ethics, Migration and the Question of Wellbeing*. Berkeley: University of California Press.