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Introduction to the 10th issue

Theories, methods, and problems of scale
in global health anthropology

Eileen Moyer and Vinh-Kim Nguyen

We are pleased to offer you the tenth edition of *MAT*. As *MAT* continues to grow, we continue to work tirelessly to improve the journal in response to feedback from readers and contributors, to whom we are grateful for their continued support. Four original research papers in this issue testify to the vibrancy of our field, demonstrating a diversity of methods and theoretical insights that illuminate well-known and newer health issues. Brian J. Gilley and Elizabeth J. Pfeiffer's article on the perceptions of HIV in American Indian communities echoes earlier generations of work on HIV in Africa and indeed Paula Treichler's (1987) seminal concept of 'epidemics of signification', which argued that epidemics capture and channel existing symbolic constructs and in the process make the disease real. Thirty years later, similar processes are still at work. Colonial figures remain stubbornly alive, giving sense to a disease embedded in histories of dispossession. Just as in Africa in the 1980s and 1990s, where AIDS was legible in terms of a longer colonial history, a similar story emerges from this work with American Indians. An important difference is the role of the US government, which continues to bear this colonial history. The fundamental distinction between the historical experience of Natives and the 'White Man' makes for a fundamentally different disease, undermining attempts to manage AIDS as a universal biological condition. This issue's photo essay by Andrea Krusi and her colleagues also deals with the HIV epidemic, drawing together photographs and narratives of African women living with HIV in Vancouver, Canada. Here too history is at stake, as intimately experienced in the often-violent trajectories that are represented in the images presented here.

In Africa, another epidemic has recently garnered significant attention: that, of course, of the West African Ebola epidemic that killed more than ten thousand between 2014 and 2016. Investigating the aftermath of the epidemic in Sierra Leone, Sung-Joon Park encounters volunteer nurses who, having been promised employment after caring for the sick during the epidemic, find themselves jobless and betrayed. Park contributes to important recent anthropological scholarship on volunteer labour (Prince and Brown 2016), until now largely neglected in considerations of global health and discussion of ‘clinical labour’ (Cooper and Waldby 2014). The nurses’ feelings of humiliation and betrayal are an added indictment of the failure of the global health system prior to and after Ebola. Park draws on the work of philosopher Axel Honneth, a student of Jürgen Habermas, whose theory of recognition gave nuance to and informed debates that emerged in the wake of 1960s ‘identity politics’ in America around the relative legitimacy of claims based on historical identity versus those based on class. Honneth sought to reconcile the opposition between validation based on labour and that based on historical experience through the concept of recognition, acknowledging the role of affect in the process. Park draws on Honneth to suggest that the predicament of the volunteer nurses illuminates a fundamental contradiction in global health efforts. To the large extent that these rely on unpaid labour and moral sentiment, they generate misrecognition that over the long term generates mistrust and undermines global health efforts.

Global health efforts are struggling with the aftermath of the 2008 global economic crisis that pitted policy responses rooted in Keynesian policies, which sought to boost public spending to keep economies moving, against those inspired by neoliberal ideas, which curtailed spending in the name of curbing debt. Rodolfo Maggio’s article in this issue contributes to our understanding of the impact of austerity on health, by detailing the reaction to austerity-driven cuts to early-childhood intervention centres. The notion of intervening early in childhood to improve health over the lifetime, as well as positively to influence socioeconomic trajectories, draws on findings from life course epidemiology, epigenetics, and a range of social research. The UK government’s policy of supporting early childhood centres was also justified in the name of social justice, notably, with the stated aim of mitigating social economic and biological handicaps. When austerity policies closed the centres these two arguments were revealed to be incommensurable, Maggio argues, drawing on his ethnographic work with parents in affected communities. Cost-effectiveness arguments were not able to trump the moral justification for the programmes in the eyes of parents, and led to protests that rehearsed E. P. Thompson’s (1971) notion of a ‘moral economy’ – and outline the ethical horizons of anti-austerity politics.

Lisa Jenny Krieg, Moritz Berning, and Anita Hardon offer a distinct contribution that shows the potential of computational methods to map online communities. ‘Digital anthropology’, they argue, has largely applied ethnography to virtual spaces, and has therefore yet to harness

the full potential of computational methods to reveal the social architecture of these spaces and in so doing offer insights into anthropological questions. The authors reject a strict ontological dichotomy between ‘off-line’ or real-world phenomena that are ‘migrated’ into digital spaces and ‘on-line’ phenomena, pointing out that people and concepts travel back and forth, in the process fashioning hybrid objects and practices. Their case study concerns the Erowid website, which gathers information on users’ experiences of taking mind-altering substances. The methodology described in the article involved analysing the content and networks extractable from the website, bringing to light semantic networks linking users’ reported experiences with larger ideological clusters. When investigating difficult-to-access communities and experiences, the authors show, digital methods offer a valuable tool for triangulating ethnographic data and identifying ethnographic blind spots for further investigation.

While disparate, these papers stress the importance of theory as an iterative process of engaging with the field. Gilley and Pfeiffer draw on work engaging with conspiracy theories to show how informants’ accounts serve to align their experience within a broader historical narrative. After interviews with volunteer nurses in Sierra Leon, Park’s initial focus on the question of trust after Ebola leads to a productive engagement with Honneth’s theories of recognition. Similarly, Maggio draws on Thompson’s initial elaboration of a ‘moral economy’ to highlight the incommensurability of claims made around early childhood intervention programs. Krieg, Berning, and Hardon, in contrast, show how existing theories remain inadequate to account for the potential of new digital ethnographic methods. Across these works remains the problem of scale for anthropology, on how to bridge local with global worlds, intimate with public spaces, and the realms in-between.

The practice of medical anthropology is broader than has customarily been represented in academic publications. Medical anthropologists work in hospitals, NGOs, clinics, community health, international organizations, to give a few examples. Much of this work involves breaking down disciplinary silos, making biomedical concepts accessible to the lay public, and helping scientists and policymakers negotiate complicated and fraught social terrains. While this work is largely devoted to improving health through critical engagement with practitioners and publics alike, medical anthropologists also work in areas and circumstances – of crisis and of everyday life – that are ripe terrains for exploring the most fundamental questions of social science: what is subjectivity? How is collective action brought about? How do social structures emerge and change over time? How is history embodied? What is the nature of belonging? Central to both activities – helping solve real-world problems and deriving insights into fundamental issues – is the work of ‘theory’. The work of anthropologist Veena Das, to which a special section is dedicated, is in this sense exemplary as noted her colleagues Aditya Bharadwaj, Michael Fischer, and Richard

Rechtman in pieces brought together by Clara Han. While Das is largely known within our field as a deeply engaged and sensitive ethnographer whose work has forged powerful concepts in dialogue with thinkers outside our field (notably the philosopher Ludwig Wittgenstein), less known is a lifetime of tireless work to research health issues and how they are lived and negotiated in India. Das's writing can at times be challenging, but not at the expense of engaging with practitioners, as the responses of the Indian psychiatrists who read her work and published here attests.

We would also like to welcome our new Interventions section editor, Tom, who is an assistant professor at the University of Durham, engaged in research, teaching, and interventions in the fields of medical anthropology, development anthropology, and environmental anthropology. His theoretical work explores the ruptures in scientific and medical ontologies caused by chemical pollution on a global scale, while his applied work focuses on supporting corporate sustainability programmes in Sri Lanka. This double-sided engagement reflects an interest in exploring how a critical anthropology of global health and development might also be constructive, and especially how ethnography can be deployed more effectively in interdisciplinary encounters.

And in a final, sad note we would like to recognize the passing of Tullio Seppilli, a founding father of Italian medical anthropology. Professor Seppilli passed away in Perugia on 23 August 2017, at the age of 89. We thank his colleague Pino Schirripa for recounting some of Professor Seppilli's many accomplishments in the 'In Memoriam' that follows.

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