

# Global Health: Knowledges, Dispositifs, Poli-cies/-tics

Lecture series 2015-2016

EHESS, salle 015, RdC, bât. Le France, 190-198 av de France 75013 Paris - France

Monthly session, every 2<sup>nd</sup> Tuesday (except in Oct., on Thursday 15<sup>th</sup> and **Nov., on Tuesday 17<sup>th</sup> held in Room Conseil B, R-1 bât. Le France**), 2 pm-5 pm

The framing of health as a global issue over the last three decades has carved out an intellectual, economic and political space that differs from that of the post-war international public health field. This older system was characterised by disease eradication programs and by the dominance of nation states and the organisations of the United Nations. The actors, intervention targets and tools of contemporary global health contrast with previous international health efforts. The construction of markets for medical goods takes a central place in this new era, as does regulation by civil society actors. Global health can also be characterized by co-morbidities between chronic and infectious diseases, the stress on therapeutic intervention, risk management, health as an instrument of 'community' development and the deployment of new modes of surveillance and epidemiological prediction. This emerging field takes on a radically different appearance when examined at the level of its infrastructures (such as the WHO, the World Bank or the Gates Foundation) or at the level of the knowledges and anticipatory practices generated by its practices and local instantiations.

This seminar will combine historical, sociological and anthropological approaches to examine this globalized space and the assemblages that constitute it: public-private partnerships, foundations, local 'communities', cancers, 'non-communicable diseases', risk prevention, monitoring and evaluation, etc. Particular attention will be given to the infrastructures and the contemporary dynamics of knowledge production, insurance techniques and diagnostic interventions, therapeutic 'innovations' in their diverse geographies, including Africa, Asia or Latin America. These often differ widely from transfer schemes between the global north and the global south that insist on technological dependency. The seminar will examine the myriad local forms that global health takes in everyday practices.

*Organized by Claire Beaudevin (CNRS-Cermes3), Fanny Chabrol (Inserm-Cermes3), Jean-Paul Gaudillière (Inserm-Cermes3), Frédéric Keck (CNRS-LAS/Musée du Quai Branly), Guillaume Lachenal (Université Paris Diderot-IUF), Vinh-Kim Nguyen (Collège d'Etudes Mondiales), Laurent Pordié (CNRS-Cermes3), Émilie Sanabria (Inserm-École Normale Supérieure de Lyon)*

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For updated practical information : <http://www.ehess.fr/fr/enseignement/enseignements/2015/ue/969/>



***Thursday, October 15<sup>th</sup> 2015***

**Roger Jeffery, Edinburgh India Institute, University of Edinburgh, UK**

**“Clinical Trials in India: Ethics, Scandals and Regulation in a Globalised Assemblage”**

In India, the amount of activity that falls under the general heading of 'clinical trials' has been radically transformed since 2005. Legislation that year made it easier for 'Big Pharma' to carry out multi-sited trials in India at the same time as elsewhere in the world. While the Indian generics pharmaceuticals industry, and the nascent contract research organisations, were well prepared for the changes introduced by India signing up to the TRIPS element when joining the World Trade Organisation in 1995, its regulators have been much slower to come to terms with the ethical, political and public health implications of this change. After a period of rapid growth to 2011, the number of new trials registered in India dropped sharply, even before a series of scandals and Parliamentary and Supreme Court interventions tightened the regulatory approvals process. It remains to be seen if it will be possible to resume the previous rates of growth. This presentation will provide a brief overview of theories of 'global assemblages', and will set out some of the new social forms that have arisen to service these trials. It will then describe and analyse the growth in clinical trials in India since 2005 and the emergent critiques of ethical practices. It will conclude by considering the implications of the reforms that have been introduced since 2012 as a result of heightened external surveillance of the regulation and management of clinical trials in India.

***Tuesday, November 17<sup>th</sup> 2015*** (*exceptionally in Room Conseil B, R-1, Bât. Le France*)

**Ernesto Schwartz Marin, Durham University, UK**

**“The net worth of Mexican “indigenous DNA”: genomics, bioeconomy and the sovereign making of ancestry”**

This paper explores the value(s) that “indigenous DNA” has acquired for population genomic research, bioeconomies, legal regulation and data/sample sharing practices in Mexico. I argue that it's thanks to the successful enrolment —and sometimes erasure— of “indigenous DNA” or ancestry that advocates of the Mexican Institute of Genomic Medicine (INMEGEN) have been able to successfully collect various thousands of indigenous biological samples without the bitter disputes that have characterised similar projects around the globe: for example the Human Genome Diversity Project, or the Colombian, Great Human Expedition—both of which came to an abrupt halt due to fierce opposition of indigenous representatives and NGO's. Our story starts by exploring how indigenous ancestry was mobilised by advocates of human genomic research in order to give political import to the creation of the INMEGEN and the promises of a new bioeconomy based on the protection of 65 indigenous groups and the rest of Mexico's mestizo (racially admixed) population “that has a unique genomic make up” (Jiménez-Sánchez 2002). Our story then travels to the Mexican Genome Diversity Project (MGDP) sampling jornadas, in which officers of the INMEGEN adapted informed consent processes to indigenous participants “cosmovisions”; in order to evade possible objections and public disputes. Afterwards it explores how the boundaries between indigenous and mestizo DNA are constituted in the laboratory, producing regimes of research and sample exchange, in which indigenous samples (for many practical and symbolic reasons) are considered to be more valuable. Finally it shows how once “indigenous DNA” reaches the legal realm, practices of silencing and erasure, flatten ethno-racial distinctions to leave in its place a more homogeneous “Mexican DNA”. In sum, the paper establishes that the distinctions between indigeneity and racial mixture are sharpened when talking about genetic diversity (a bioeconomical asset), and blurred when dealing with thorny ethical and legal issues (a possible source of confrontation), all of these transformations are crucial in order to establish 'Mexican Genomics' as a common good in the service of public health, rather than a process of endo-colonialism.

***Tuesday, December 8<sup>th</sup> 2015***

**Sienna Craig, Dartmouth College, USA**

**“Slow Medicine in Fast Times: Tibetan Medical Responses to Disaster”**

It is often said that traditional medicine, including Tibetan medicine, succeeds in the treatment of chronic conditions, whereas biomedicine is a better option for acute care. Such a distinction is raised not only by biomedical practitioners and patients but also by Tibetan physicians. Indeed, it is part of how Tibetan medical

'neo-traditionalism' (Pordié 2008) operates. However, this framework is incomplete and limited. The limitations of this dichotomy become particularly apparent when considering health care needs that are biological, psychological, and social. Such health care needs present in particular ways during states of emergency, such as natural disasters. While multinational biomedical institutions have only relatively recently begun to acknowledge a 'bio-psycho-social' framework, arguably this type of understanding has been long present in the practice of Tibetan medicine. Even so, determining how, where, and to what ends to deploy traditional medicine in such moments remains debated in global health circles and under-represented in scholarship. This paper uses ethnographic examples of the role that Tibetan medicine has played in response to earthquakes in Yushu Tibetan Autonomous Prefecture, China (2010), and in Nepal this year (2015) to suggest a rethinking of what traditional medicine is 'good for' within the context of emergency response.

***Tuesday, January 12<sup>th</sup> 2016***

**Carlo Caduff, King's College, London, UK**

**"Provincializing Preparedness, Or, The Bird Flu Bomb"**

In this talk, I take encounters with infectious disease experts as a starting point for an ethnographic exploration of pandemic prophecy in the United States. Turned toward the future, prophets claim to see what others cannot see. It is this ability that prompts people to place their lives into the hands of such experts, whose special skills have endowed them with power, prestige, and authority. Not all pandemic discourse is prophetic, to be sure, but a considerable portion is. Drawing attention to eruptions of prophetic speech, my aim is not to expose prophetic claims in the name of true science, but to examine how speculations about the future suffuse the present with the suspicion that something is happening. What is it that allows prophetic claims, cast in scientific terms, to gain traction in public discourse? Why are some prophets more successful than others in conveying their scientifically inspired visions of a coming plague? What, in other words, makes one vision more rational and coherent, more plausible and compelling, more acceptable and respectable than others? The hope is that an ethnographic exploration of these questions will allow us to provincialize preparedness.

***Tuesday, February 9<sup>th</sup> 2016***

**Cristobal Bonelli, University of Amsterdam, The Netherlands**

**"Ontological disorders: sleeping practices, psychotropic drugs and other materials beyond the Global"**

This talk explores several equivocations and frictions in the relationship between state healthcare workers and the Pehuenche population in southern Chile. In particular, it focuses on radical differences in understanding the body, personhood, sleeping and dreaming. In Alto Bío Bío, Chile, while healthcare workers diagnose their Pehuenche patients with 'sleep disorders' and prescribe them sleep-inducing psychotropic drugs, some Pehuenche persons fear that by preventing them from waking up, the drugs will render them unable to escape a fatal attack by evil spirits. The sleeping pills, therefore, enact understandings of the body, personhood, sleeping and dreaming that are not at all univocal. This enactment generates a controversy-inducing 'ontological disorder' base in an 'uncontrolled equivocation', as described by the anthropologist Viveiros de Castro, in which interlocutors are not speaking about the same thing, but they are not aware of this. In more general terms, I reflect on the application of psychotropic drugs premised on multicultural ideology (one nature, many cultures) in contexts where alterity is radically manifested and where the limits of the actors' different conceptions of personhood appear in all their ontological splendour. In doing so, this paper problematizes the notion of global mental health, and illuminates the practical benefits of developing a sort of 'indexical' medical anthropology that focuses on ontological frictions.

***Tuesday, March 8<sup>th</sup> 2016***

**Alice Street, University of Edinburgh, UK**

**"The drone, the sputum and the machine: private money and public goods on Papua New Guinea's diagnostic frontier"**

When MSF installed a Cepheid GeneXpert machine for the diagnosis of tuberculosis in the remote provincial hospital of Gulf Province, Papua New Guinea, they hoped they would be extending much needed health services to remote populations. Instead they found those populations remained out of reach, in small hamlets and villages dispersed across mountains and river valleys. At the same time, by chance, the mission director saw a TED talk by a young entrepreneur with a Californian start up company and a vision for a future network of unmanned drones that could transport much needed medical supplies across resource-poor areas with no established infrastructure. So began a novel international partnership to test the feasibility of transporting sputum samples from remote health facilities to the provincial hospital by drone. This paper explores what such partnerships can tell us about changing relationships between humanitarianism, business and technology in global health. Drones that make money and save lives are championed as a win-win situation. But who wins? And what kinds of future health systems do such partnerships help to build?

***Tuesday, April 12<sup>th</sup> 2016***

**Ayo Wahlberg, University of Copenhagen, Denmark**

**“Vietnamese medicine for Vietnamese people”**

Over the last six decades or so, a state-led effort to modernise, industrialise and integrate traditional herbal medicine has been underway in Vietnam. At the same time, national and international health authorities have long pointed out that most general health indicators in Vietnam surpass those of other countries with a similar per capita income. In this talk, I ask what place does traditional herbal medicine have in a country which is continuing to struggle with “an unfinished agenda in infectious, vector-borne and communicable diseases” (WHO 2003) while also coming to terms with “the adverse impact on health due to changes in lifestyles, environments and working conditions in the processes of industrialization and modernization” (Communist Party of Vietnam 2005)? I suggest that, mobilising traditional herbal medicine to address Vietnam's double burden of disease has required not so much a colonisation as a normalisation of its practice, production and use. Finding a 'Vietnamese' way to tackle health challenges has been and remains a key trope in politics of health in Vietnam.

***Tuesday, May 10<sup>th</sup> 2016***

**Ann Kelly, Kings College, London, UK**

**“Seeing Cellular Debris, Remembering a Soviet Method”**

A 1962 photomicrograph of a mosquito taken in what was then a Tanganyikan mountain laboratory provides a prompt to consider the social salience and affective power of scientific images. Drawing inspiration from anthropological work on photographic practices, the paper excavates the diverse geopolitical and domestic contexts of the image's production, consumption and circulation, so as to apprehend the relationship between scientific labours and lives. As much souvenir as 'epistemic thing', the photomicrograph provides new directions in thinking about the materiality of memory in tropical medicine.

***Tuesday, June 14<sup>th</sup> 2016***

**Sara Smith, Yale University, USA**

**“Sovereign Remedies: Cancer, Infrastructure, and Global Health in Jordan”**

Jordan is in the midst of engineering a national oncology infrastructure to provide comprehensive cancer care to its citizens. By establishing one of the few specialized tertiary cancer hospitals in the region and by introducing novel therapeutic technologies over the past twenty years, the country has positioned itself as a “pioneer” of cancer care in the Arab Middle East. Yet for disenfranchised, rural, and refugee patients, an increasingly privatized health system places many of these “gold-standard” cancer services virtually out of reach. At the same time, recent collaborations between the government, the private sector, and global health organizations aim to transform popular knowledge of and health practices toward cancer through public

education campaigns. Prevailing global health discourses view changes in “lifestyle” factors as a key method to reducing cancer incidence and death. This paradigm considers the individual to be the primary site of health intervention. Yet new initiatives, including the Jordan Breast Cancer Program and the Tobacco Control Program, urge citizens to engage in prevention practices such as smoking cessation and breast self-exams not only as a means of individual self-care, but as a crucial measure to ensure the wellbeing of families, communities, and the nation. This talk will examine how these changes manifest in the everyday healing and prevention practices of patients and physicians while exploring the linkages between global health, infrastructure, and conceptions of the body in light of broader debates about sovereignty.