Lecture Series "Global Health: Anticipations, Infrastructures, Knowledges"

Ecole des Hautes Etudes en Sciences Sociales / Fondation Maison des sciences de l'homme, 190 avenue de France, 75013 Paris (October 2014 - June 2015).

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: new actors, targets and tools such as 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 from epidemiological forecasting, to research, care, policy-making and the possible futures they anticipate.

Organized by ***Claire Beaudevin*** *(CNRS-Cermes3),* ***Jean-Paul Gaudillière*** *(Inserm-Cermes3),* ***Frédéric Keck*** *(CNRS-LAS/Musée du Quai Branly),* ***Guillaume Lachenal*** *(Université Paris Diderot-IUF),* ***Céline Lefève*** *(Université Paris Diderot - Centre Georges Canguilhem),* ***Vinh-Kim Nguyen*** *(Collège d'études mondiales),* ***Laurent Pordié*** *(CNRS-Cermes3),* ***Émilia Sanabria*** *(Inserm-École Normale Supérieure de Lyon).*

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Program

14th October 2014, Room 2, 2-5 p.m.

Kristin Peterson (University of California Irvine), **Speculative Markets. Drug circuits and derivative life in Nigeria.**

In the 1970s, Nigeria's oil boom generated unprecedented state wealth, quite in contrast to a massive U.S. economic recession. During that period, U.S. and European multinational companies turned to Nigeria to manufacture drugs and sold them on what was then a significant and important foreign market in terms of sales. By the 1990s, proprietary drug markets in Nigeria and throughout Africa were completely eviscerated and relocated elsewhere. What was once almost exclusively a brand name drug market is now home to mostly imported pharmaceuticals throughout the world, for which there are constant concerns over drug quality. The paper first discusses two simultaneous convergences that remade the West African brand name market: Nigeria's structural adjustment program and the pharmaceutical industry's turn to speculative capital. It then provides an overview of the kinds of markets and the kinds of drugs that emerged in the aftermath of brand name industry's abandonment of the West African market. It concludes with a discussion on how actors within Nigerian and global drug markets interact with chronic, and indeed anticipated, market volatility in ways that produce new orders of pharmaceutical value.

13th November 2014, Room 318, 2-5 p.m.

Waltraud Ernst (Oxford Brookes), **Global Connections, Plural Concepts and Standardised Classifications. The cases of melancholia, circular insanity and depression in colonial South Asia, c. 1925-1940**

Since the late eighteenth century, doctors connected with European mental institutions in South Asia were trained in western medicine and its diagnostic categories. Following the move towards standardised categorisations of mental illnesses in Europe and North America during the early twentieth century, uniformity of classification schemes was enforced in colonial institutions in South Asia, too. The classifications were based on British blueprints with but few modifications that allowed for perceived cultural syndromes, such as cannabis-induced psychosis and *dhat* syndrome. Despite apparent standardisation of nosology, diagnostic practice varied considerably in individual institutions. The lecture focuses on melancholia, circular insanity and depression. It highlights the multiple conceptualisations of these categories across as well as between cultures and localities, and identifies the diverse influence on particular psychiatrists in South Asia of German, French, American and British diagnostic styles and preferences.

9th December 2014, Room 015, 2-5 p.m.

Nancy Rose Hunt (University of Michigan / Fellow of the Paris Institute for Advanced Studies), **Nervousness and Therapeutic Insurgency in a Colonial Situation**

Have historians and anthropologists begun to think critically about "global health" today through *long* histories of power, health, affliction, and technologies of impairing and enhancing? How long should long be? Contemporary patterns in the mobility of expertise, the instrumentalities of research, and social inequalities surely all have colonial counterparts. But what do we *miss* if we think in these terms alone, through institutional power in relation to malady and injury on the ground? I will share some stories and trajectories from *A Nervous State: Violence, Remedies, and Reverie in Colonial Congo* (Duke, in press), which for Congo's Equateur tries to do something fresh by tracing the nervous and the bio political, while also giving vernacular healing as repetition, terror, and insurgency its full due. Historians have pretty much figured out why colonial biopolitical states are important for understanding postcolonial situations. Some are beginning to move towards catastrophe logics and security states. But therapeutic insurgency? I will consider how coming to grips with such patterns of resort, as events, templates, and moods in a colonial situation, may help us better interrogate the strangeness of global health practice today.

13th January 2015, Room 318, 2-5 p.m.

Judith Farquhar (University of Chicago), **Institution and the Wild: Salvaging and Sorting Minority Medicines in China (**Judith Farquhar and Lili Lai)

"Institutions" evoke officialdom. The state. An enframing and thus determining Structure, the constraining Other to our Freedoms. Here my co-author Lili Lai and I want to propose a different significance from the point of view of our field study of new minority medical systems in southern China. In this collaborative research on the state- led project of building ethnic groups and traditional medicines, we explore the relations that can exist between public and formal knowledge/governance practices and "wild" lore, authority, and forces. In other words, we want to deploy both institution and the wild anew. We see institution and wildness as analytic tools that help us understand particular configurations of power and knowledge as they relate to bodies and environments in "ethnic" southern China. The developments we are tracking go under the name of *salvaging* and *sorting* the traditional medicines of the nation's 55 minority nationalities.

We first discuss the potential of "institution" and "the wild" for clarifying the processes in which traditional knowledge and "minority nationality" medical practices are emerging now. Then we introduce a healer, Dr. Zhao, who not only

wears many hats but embodies and institutionalizes Zhuang nationality medicine as a mixture of forms, which he capably gathers from strands of tradition, market opportunities, and legal mediation. We close with the situation of a Qiang nationality healer, Dr. Li, whose mixture of wild and official activities is quite different from Dr. Zhao's, and whose view of the promises of either institution or wild knowledge is perhaps more bleak and tragic. There are lessons in the work of these expert healers that invite critical self-reflection by anthropologists and health workers.

10th February 2015, Room 318, 2-5 p.m.

Stacey Langwick (Cornell University), **Partial Publics: The Political Promise of Contemporary Traditional Medicine in Africa.**

The publics of public health and those of public domain are reshaping one another in efforts to commercialize and manage modern traditional medicine in Africa. This paper examines the publics at stake in scientific and clinical efforts to exploit the therapeutic and commercial value of therapeutic plantsin Tanzanian universities, government laboratories, non-governmental clinics, and ministry offices. I argue that struggles over the practices that constitute the public to which contemporary traditional medicine appeals are also struggles over who is obliged to respond to pain and debility, to mediate the consequences of misfortune, and to take responsibility for the inequalities that shape health and wellbeing. Post-independence, socialist dreams cast traditional medicine as the basis of an indigenous pharmaceutical industry which promised freedom form multinational pharmaceutical companies and global capitalism more broadly. Post-socialist formations are experimenting with political and social philosophies, with biological efficacy, and with new forms of wealth and property. The uneven, contradictory, and partial projections of the public at play in these efforts are raising thorny questions about the forms of sovereignty that are possible within the neoliberal restructuring. Furthermore, accounting for contemporary traditional medicine suggests ways of theorizing the public that have broader implications for social analyses.

14th April 2015, Room 318, 2-5 p.m.

Projit B. Mukharji (University of Pennsylvania), **Tropical Blood: Race and Tropical Medicine in Interwar India.**

The rise of pharmacogenomics in the last decade or so has reopened the debate about biological difference and its role in medicine. India has emerged as a key site for many of these investigations through the work of the massive, federally-funded research consortium called the Indian Genome Variation Initiative. This resurgence

of racialized paradigms in medical thinking in India forces us to look anew into the history of race and medicine in twentieth century India. Once contextualized, today's resurgence of race seems much less sudden or unexpected. The Interwar period, which was also when some of the foundational work on classical genetics was done, witnessed a new intensity and vitality in colonial raciology. Drawing upon new advances in the physiology of blood, such as the development of blood groups, this new raciology was inscribed much deeper in the bodies of colonial subjects. No longer satisfied with the measurements of skulls and noses on the surfaces of colonized bodies, the new raciology developed a range of new laboratory techniques to detect, measure and operationalize race. What was most remarkable about this new raciology was also that Indian scientists undertook much of it. Yet most of the extant scholarship on race science in India has remained focussed either on 19th century anthropometry or on amateur eugenics societies of the 20th century. The historiography of Tropical Medicine, pari passu, has remained largely devoted to the founding fathers, viz. Patrick Manson and Ronald Ross, and eschewed the developments of the Interwar period. In this paper, I will address both these gaps in the historiography. By interrogating the ways in which blood and race were braided together, I will show how Interwar developments in Tropical Medicine in British India were refracted through multiple figures of 'tropical blood'.

12th May 2015, Room 318, 2-5 p.m.

Elisabeth Hsu (University of Oxford). From social lives to interactive playing fields: the "pharmaceutical" Artemisinin and the "herbal" *Artemisia annua*.

With the tenth anniversary of the landmark publication *The Social Life of Medicines* (Whyte *et al.* 2003), new avenues for exploring the 'thinginess of things' (Latour 2000) are opening up. This paper compares two 'Chinese antimalarial' formulations that have made inroads into health fields of East Africa. First, the different brands of the Western pharmaceutical Artemisinin are shown to have 'failed to fulfil their promise' in their current WHO- requested formulation as ACTs (Artemisinin Combination Therapy). By contrast, ways in which a practical engagement with the medicinal plant itself, i.e. *Artemisia annua* and its related species, may have a revolutionary potential for developing herbal Chinese antimalarial formulations. Rather than taking an 'ego-centred' and transactionalist viewpoint that follows the drug through a string of 'regimes of value' (Appadurai 1980), this paper emphasizes how agency emerges in a nexus of person to person and plant to person interactions in ever shifting playing fields.

9th June 2015, Room 318, 2-5 p.m.

Andrew Lakoff (University of Southern California). **Global Health in a Time of Emergency.**

This talk will describe two distinct regimes through which contemporary disease emergencies may be taken up: humanitarian biomedicine and global health security. Each of these regimes constitutes disease as a different kind of problem and points to a different set of responses. For humanitarian biomedicine, disease emergency presents the unassailable demand for immediate intervention to alleviate the suffering of individuals, regardless of national boundaries or social identities. For global health security, the onset of disease emergency provokes the application of technocratic protocols for managing the spread of a dangerous pathogen. The talk will track the emergence of these two regimes as disparate responses to a perceived crisis of nation-state based systems of health provision, as well as to the appearance of novel health threats linked to processes of globalization, civil strife, and ecological incursions. Finally, I will analyze the case of the global response to the 2014 Ebola outbreak in West Africa to illustrate the significance of the distinction between these two regimes.