

## Anthropologists on H1N1 flu

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By

Just as speculation is increasing about the possible scale of an H1N1 epidemic this fall, the latest issue of [Medical Anthropology: Cross-Cultural Studies in Health and Illness](#) includes three excellent editorials by anthropologists on the issue.

In "[Biocommunicability and the Biopolitics of Pandemic Threats](#)," [Charles Briggs](#) and [Mark Nichter](#) focus on the communicative practices which made the epidemic into an object of knowledge, surveillance and intervention. In particular, they focus on two key aspects of the story: 1) The circulation of information and knowledge about the flu, through a multitude of media outlets, but particularly through various Internet-based communication platforms, mirrors—to some extent—the spread of the pathogens and infections. We already acknowledge this similarity through the use of [viral metaphors](#) to describe various cyber-phenomena. 2) Much of the media coverage and discussion surrounding this spring's epidemic was metadiscursive — that is, it focused on the rhetorical strategies involved in "getting the message right": informing, but not alarming, the public:

"Science columnist Ben Goldacre ([2009](#)) wrote in *The Guardian* that he received scores of requests by journalists to "balance" their stories: "We need someone to say it's all been overhyped," said BBC Wales." Epidemics become Goldilocks tales—is there too much representation, too little, or just the right amount? Diverse publics, presented with this troubling "balancing act" between taking disruptive precautions or irresponsibly doing nothing, turned to their own communities of interpretation, the communications they were exposed to, and what others appeared to be doing around them in real time and virtual space.

This balancing act has an obvious function. If a virus outruns the knowledge of and the communications about it, it threatens to undermine public health authority by presenting the specter of a potential bioweapon of mass destruction that can sneak up dangerously on unaware experts, officials, and the public. The media, including the Internet, become fora in which all parties

monitored and assessed each other's compliance with the moral imperative to circulate information and foster vigilance while allaying fear, " ([Briggs and Nichter 2009](#)).

However, as Briggs and Nichter continue, the "Goldilocks formula" does not present a very useful set of questions for social science researchers—or for that matter for anyone interested in understanding the underlying dynamics of the H1N1 story. Instead, they argue for:

"...the need for a framework for studying how such stories get made, how they become credible, and how the story-production process shapes assumptions about the nature of biomedical knowledge, who makes it, how it travels, who can receive it, and how discourse about epidemics and biosecurity affects budgets, public health infrastructures, citizenship, and governance," ([Briggs and Nichter 2009](#)).

Such a medical anthropology of epidemics, they continue:

"...can help make sense of what factors and actors shape the ongoing production of knowledge about epidemics, how dominant and competing accounts circulate and interact, how people access and interpret information available from different sources, and what they do with it—this includes all constituencies, from ordinary citizens to politicians and policymakers. This type of analysis complements the possibility of a medical anthropology for epidemic disease agenda that could be pursued by engaged medical anthropologists attempting to assist, for example, in constructing more effective zoonotic disease surveillance systems attentive to social and cultural factors that influence risk perception, behavior change, and social cooperation with health authorities," ([Briggs and Nichter 2009](#)).

In his "[Pathogens Gone Wild? Medical Anthropology and the "Swine Flu" Pandemic](#)," [Merrill Singer](#) argues that medical anthropology has three principle contributions in regard to H1N1 and other novel infectious diseases: "(1) field monitoring of the pandemic as a biosocial phenomenon; (2) assessment of the biosocial origins and ongoing social influences on the pandemic; and (3) research-based and culturally informed involvement in public health applications," ([Singer 2009](#)). The

second of these approaches is particularly interesting and significant: for example, Singer mentions the role possibly played by industrial farming centers in creating conditions under which the virus could have originated (an issue also discussed by Erin Koch in [her post on the “swine flu”](#) on this blog).

Finally, in “[Influenza, Anthropology and Global Uncertainties](#),” [Laëtitia Atlani-Duault](#) and [Carl Kendall](#) focus on the ways that public health technologies neglect or obscure local knowledges. To counter the universalizing assumptions embedded in many global health interventions, they write:

“Anthropologists should work within the global community of health institutions first to map the varied truths constructed around the influenza epidemics and then to participate, together, in constructing new ones. Scapegoating, conspiracy theories, and anxieties about global risks of all sorts may be initial responses to this new threat. Anthropologists can help construct new truths, for example, about the disproportionate impact of epidemics on the poor and most vulnerable, constituting most of the deaths in this and many other epidemics, and the need to address the disparities in preparation and response. Anthropologists can help map local nonmedical resources and sources of resilience to tap in response. Our involvement can help direct anxieties about threatening global changes in population movements, the climate, and economy in ways that lead to sustainable programs of change. Thinking about the response to epidemics in this continuous way could focus resources on public health infrastructure and programs during interepidemic periods,” ([Atlani-Duault and Kendall 2009](#)).

The rest of this issue of Medical Anthropology isn’t about the flu, but includes several interesting-looking articles, including [Ian Whitmarsh](#)’s “[Hyperdiagnostics: Postcolonial Utopics of Race-Based Medicine](#).”

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