

<http://somatosphere.net/2015/06/ethics-etc-in-a-box-how-a-disinfectant-spray-became-my-friend-and-ally.html>

Ethics (etc) in a box: How a disinfectant spray became my friend and ally

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Fieldnotes

The box is white, and adorned with a rectangular red button about half the size of my palm. White is clean, sterile, new. Red is alarm, is stop, is imperative. But the box sits, quite innocuously, to the side of the door. It is easily passed by, and indeed I do just that. I am chastised.

It is my first day of fieldwork in a London hospital, and I am following Joan into the wards for the first time. I fail to notice her stamp her palm against the red button before swinging the ward door open. A couple of steps in she stops, and I almost run into her back. “Just clean your hands before you come in,” she says. I look around, see the box, push the button, awkwardly, twice, to get enough spray onto my hands, and smear them together. The disinfectant is thin and disappears so quickly that I wonder if it does anything at all. The next time I am better prepared. I watch how Joan pushes the button without changing pace, and rubs her palms together swiftly while leaning into the swing-door with one shoulder. I push the button once, firmly, slowing only a little. I soon have this down to an art. I push the button without looking at it, without losing my stride, and feel a little rush.

I had begun my fieldwork with the expectation that the ‘participant’ in participant observation was not much of an option for me: I study gene therapy and there is little that I can contribute without physically endangering anyone. Yet the sense I got from stamping the white box was very much one of participating, of taking part in routines crucial to this world. This is because around the red box a whole network of practice, knowledge, and ethics coheres, and engaging with this particular object places me at its center.

Unpacking the box

When the red button is pressed, a pump mechanism concealed inside the white box dispenses a watery puff of alcohol onto the palm. This is to be rubbed against the other hand, up the wrists and between the fingers. It

disinfects the hands, those most crucial of medics' tools. The boxes are the outcome of a well-established medical turn, the late 19th century rise of germ theory. This was facilitated by new technologies like the microscope, biological agents such as malaria and tuberculosis, and colonial enterprises that presented new health challenges and experimental populations (Latour 1988, Lock and Nguyen, 2010). Slowly microbial logics replaced the disease paradigm of miasma, and practices of keeping clean came to be the appropriate response. The material products of this shift are diverse, and familiar to most of us in Euro-America: soap, latex gloves, hand sanitizer. The work of keeping clean is routine in the hospital, and routine in everyday life. Recent commentators argue that our environments are over-sanitised, failing to expose bodies to microbes that build resilience, but in the hospital these routines of cleanliness remain essential.

The box I'm talking about is in no way special. Its siblings populate the hallways of this, and other, hospitals. There is one by the elevators at reception, one at each of the doors in the outpatient clinic, and others dotted seemingly at random on corridor walls and doorways. They are ubiquitous, silent, and central to the smooth operations of the hospital and its inhabitants. Having stamped the box, nurses, doctors, and visitors can lay hands on patients without fear of transmitting anything dangerous to them. The free movement of people in and out of the hospital, through its halls and wards, depends upon restricting the movement of microbes. To stamp the white box is to sacrifice these minute but lively beings *en masse*, and allow life to go on at the human scale. Thinking of how "spaces are made with objects" (Law 2002) here we see clinical space materialize through these patterns of human and microbial movement. With its starkly medical red and white dress, the pump compels particular forms of order, both epistemic and behavioral.

The white box sitting innocuously at the ward door has another job: it is an ethical sentry. It is a physical checkpoint where good practice can be performed in a matter of seconds. It is a question mark that each person who hits the button answers: yes, I am doing the good thing. And the consistency with which passers-by touch it testifies to how routine these ethics become. If I think 'everyday ethics' into dialogue with the goings on of the hospital while looking at the spray pump, I come to think of how ethics can be anchored by objects that collude with medical training and the movement of bodies to produce an embodied clinical ethic. The biomedical worldview of doctors and nurses dictates how microbes behave and how they can be stopped, just as it dictates that they must be stopped. What we see in this act of stamping the spray box is a convergence of logic, ethics and practicality. The pump enfolds a particular rationality and a particular ethic into its plastic confines, packaging these nebulous things into an easy-use collaborator.

Objects as allies

Though my time on the wards is minimal, I quickly come to embody this ethic. I sacrifice the who-knows-what on my hands to the white box, and I do it on-the-go. The box, with its various epistemic entanglements, provides a performative possibility that cannot be escaped: either you press or ignore it. My mastery over the red box is a modest assertion of belonging on the wards. It is a bodily statement, in which I acquiesce to the logic of this community, and affirm that I too share their ethic of prevention.

The question of 'participant observation' in esoteric medical settings is not quite resolved. While I can subscribe to their underlying logic, I still cannot learn the medical techniques that my participants have mastered through years of practice and education, those techniques that grant them their professional status and experimental capacity. But finding small, everyday opportunities to share in certain actions has consequences for access, for being perceived as the kind of person who can occupy otherwise-restricted spaces. Here, the white box collaborates with my hospital ID card and my notebook to get me into spaces of sickness and experiment, to encourage people to talk to me freely. Functionally simple, everyday objects become allies to the anthropologist, and they also provoke new insights into the rationalities and priorities of those who produce and use them. Unpacking the history, assumptions, and values that adhere to mundane material items is another route to understanding and belonging when working ethnographically.

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