THE ROLE OF THE ANTHROPOLOGIST IN THE CONTEXT OF A PUBLIC HEALTH CRISIS

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In 1990, an emerging anthropological perspective to the study of disease epidemics was coined by Merrill Singer as the term "syndemics" (Hart and Horton 2017). In understanding and explaining disease states, syndemics encourages focus onto the social conditions in which populations, shifting epidemiology from a "unicasual rationality" where the focus lay on a single pathogen, towards a conceptualisation of epidemics as interlinked phenomenon "with multiple levels of agency" (Lynteris 2014: 25). Therefore, within the growing framework of syndemics, there is arguably a need for a multifaceted approach when tackling infectious disease outbreaks. However, as highlighted by popular culture films such as Contagion (Soderbergh 2011) , the anthropologist is often an absent figure. This article will therefore provide a discourse into what the role of the anthropologist would be in the context of a disease epidemic as depicted in Contagion (Soderbergh 2011). I will argue that the anthropologist's unique understanding of local knowledge and ability to act as a mediator between peoples from different social conditions allows them to inform, as well as implement, intervention methods, supporting Rappaport's assertion that collaborative anthropology is both "morally and ethically necessary" (2008: 2).

Contagion (Soderbergh 2011) centres on a medicalised, unicausal approach to epidemic management. As a result, Western knowledge is universalised within the film and the invention of a vaccination is presented as the primary intervention method for tackling the epidemic. However, anthropological studies of real epidemic outbreaks highlight this medicalised intervention approach to be limited and idealised. For example, in a study of the Ebola outbreak in Guinea, Fairhead found that rural communities were resistant to ambulances, Ebola treatment centres and organisations such as Medicine Sans Frontier in fear of them stealing body parts and spreading the disease to them (2016: 8). As a result, treatment was not received, and the Ebola outbreak was exacerbated in this area. This highlights that a wider approach is needed for dealing with infectious disease outbreaks; the social context in which different disease states occur must be considered when designing intervention methods. Furthermore, this has the potential to de-medicalise the approach to public health crises. As people who spend years immersed within a community with a primary focus on understanding the people they live among, anthropologists are better positioned to understand local beliefs and customs than both government officials and medical staff who design policy. Anthropologists would therefore have a fundamental role to play in informing policy in the context of a global public health crisis to create more localised interventions that would address the epidemic appropriately and thus more effectively in each location.

In the context of a public health crisis, anthropologists would not only have a role in informing policy but also in its implementation. As highlighted by the previous ethnographic example, insufficient communication during an epidemic between the infected people and the medical personnel treating them, can cause additional and severe consequences. The Ebola outbreak in Liberia also illustrates how a lack of understanding and fear can exacerbate the consequences of a disease outbreak. During their fieldwork, Menzel

and Schroven discovered that at the time of the Ebola outbreak, the number of children dying from malaria was increasing within Liberian communities. This was a result of rising fear surrounding medical centres which meant those infected chose not to seek treatment (2016). These examples illustrate that in communities such as those in Liberia and Guinea, there is evidently a need for greater communication when Western medical practices are used in intervention of epidemics. This mediator position is a clear role for the anthropologist, as someone situated in a unique position able to mediate between cultures. In other words, by living closely with people who inhabit a different cosmos over extended periods of time, anthropologists become intimately acquainted with their belief systems. This proximity enables them to offer clarity and understanding, resulting in less fragmented communication between two societies. Moreover, anthropologists are often bilingual, an attribute that enables easier and more fluid communication. In situations such as these, the anthropologist acting as a mediator will therefore help to reduce fear through the provision of accessible information, reducing the possibility for exacerbated consequences in the context of an epidemic.

By questioning the stereotyped temporal framework around public health crises that has been created by popular culture, anthropologists can also begin to influence ongoing interventions that continue after epidemic outbreaks. In Contagion (Soderbergh 2011), the crisis follows a popular timescale of the disease emerging, running its course and ending. However, outbreaks of diseases such as Ebola or malaria can last for a much longer and be experienced as something so pervasive that it becomes part of daily life. Anthropologists can therefore highlight the problematic elements of intervention approaches which follow a generic timeframe. For example, in Guinea's capital city, chlorine water tanks had been set up for people to wash their hands in. However, as soon as Guinea was declared an Ebola free zone, the tanks were all dissembled and removed from the streets (Menzel & Schroven 2016). Shortly after, cases of Ebola were identified in Guinea again. This suggests that intervention methods such as permanently improving infrastructure were required but not implemented because of the rigid mindset that epidemic outbreaks are relatively short lived. By questioning the temporality of epidemic outbreaks and providing alternative social timeframes, anthropologists are able to draw more focus upon social structures which perpetuate the outbreaks over a longer period of time. In doing so, the anthropologist plays a role in designing and implementing more permanent intervention after epidemic outbreaks.

In the context of a global public health crisis such as the one depicted in *Contagion* (Soderbergh 2011), the role of the anthropologist would be to act as a mediator in the creation and implementation of intervention. This would ensure that local and medical knowledge are combined when producing methods for intervention, allowing for purposeful and contextual measures to be implemented in each community experiencing a public health crisis. Moreover, the anthropologist would have a role in deconstructing notions of temporality surrounding epidemics. Inherently, intervention methods would address imminent medical emergencies of an epidemic, but also the social structures such as poverty and inequality that perpetuate epidemic outbreaks in places like Guinea and Liberia. The underlying motive for the anthropologist: to reinforce the notion that we must accept and work with difference, even if this is harder than appealing to a common human nature in a time of crisis and fear.

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