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## FRAMEWORK FOR MANAGING THE COVID-19 INFODEMIC: ANTHROPOLOGICAL FOUNDATIONS OF PUBLIC HEALTH

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### ABSTRACT

**Objectives:** The complex societal spread of COVID-19 in the U.S. indicates a need to recognize sociocultural forces to best understand and respond to the pandemic. This essay describes four principles of anthropology and sister disciplines that underlie the theory and practice of public health.

**Methods:** Research following anthropological and related approaches is reviewed to provide examples of the four principles from COVID-19 in the U.S.

**Results:** The counts as sickness, disease, injury, pathology are fundamentally a matter of historically situated social ideas and values. The ways in which societies are organized is a fundamental source of pathologies and their distributions within societies. Conversely, health conditions can substantially alter the organization of societies. Public health responses are social processes that affect intervention outcomes.

**Conclusions:** Anthropological approaches are recommended to address several facets of public health practice: problem analysis, intervention design, evaluation, and the public health enterprise itself.

**KEYWORDS:** Anthropology Public; health Methods Analysis; Design Evaluation COVID 19.

### INTRODUCTION

The global COVID 19 pandemic has caused a national disaster in the United States unprecedented in recent history in magnitude and societal complexity. Despite the availability of extensive resources and renowned agencies devoted to preparedness, protection, and public health, the U.S. response has resulted in remarkably high rates of infection and death in comparison with many other nations, and to severe social and economic disruption. Responses to the pandemic have been enmeshed with political debates

and alliances, interagency conflict, and public challenges to science, authority, and legitimacy. Many policies are in question, and much uncertainty remains. In this essay, we describe four anthropological principles that inform the current COVID-19 pandemic and underlie the discipline of public health more broadly.

We define “anthropology” broadly, not requiring that contributors have official training or degrees in the discipline, but that they attend to the perspectives of others, recognize variations in forms of societal organization, and bring understanding of how diverse perspectives and forms of organization of one’s own and other populations’ deeply affect human life and interaction. Anthropology is a discipline that examines the organization of societies—their political and economic institutions and processes, their industry and labor, their system of laws and justice, their system of health care, and their cultures. A culture includes values on which people base their judgments and decisions, their prescriptions and proscriptions for behavior, their beliefs about the world, including ideas about sickness, its causes, its remedies, and the appropriate behavior of patients and healers, including physicians. Anthropology also examines interactions among societies and cultures whose understandings of and prescriptions for sickness often differ. In addition to being an academic discipline, anthropology is also a practice insofar as scholar/practitioners deploy their discipline in the solution of societal and global problems, including problems in public health.

#### **CRITICAL MEDICAL ANTHROPOLOGY: A POLITICAL ECONOMY OF HEALTH**

The structural determinants of health are the causes of the causes. They are the social, political and economic forces that drive inequalities and are determined by people and institutions that hold power. As opposed to concentrating on specific risk factors related to living and working conditions such as poverty or education, as the SDH emphasizes, structural approaches speak to the idea that systemic factors ‘drive, promote and reinforce inequalities’, through the process of social determination of health. As one of the leading anthropologists of our times, Anna Tsing argues, the Global is a homogenizing category based on Western world making, and not a structure that speaks to cultural diversity.<sup>8</sup>

CMA is a branch of anthropology which considers the political economy of health and social inequality in people’s lives. Centering a CMA of COVID-19 means asking, for example, how universals, such as capitalism as the naturalized social and economic order of globalization, put human societies at increased risk of zoonoses through habitat destruction. We now know that COVID-19 is likely to be only the most recent of many such pandemics this century. Anthropological research using multispecies or more than human approaches is of central relevance for their focus on the dense entanglements between human and animal health. Nevertheless, such perspectives which identify the ‘capitalocene’, the capitalist world ecology premised on resource exploitation and extraction, as a prime determinant of disease distribution, remain largely excluded from global health discourses around COVID-19.

Another such example of the role of global political economy is that in spite of being backed by more than 100 developing countries, the World Trade Organization did not agree to waive an intellectual property TRIPS for COVID-19 vaccines. Instead, the global response has followed the philanthrocapitalist COVAX initiative led by Gavi, the WHO and Coalition of Epidemic Preparedness Innovations, which at the time

of writing had only managed to procure 1.1 million doses of the vaccine in contrast to the 4.6 billion purchased by high-income nations.

### **CENTRING A CMA OF COVID-19 IN GLOBAL HEALTH DISCOURSE**

A political economy approach to COVID-19 would address how historical, unequal and neoliberal arrangements, colonially defined racisms, informal economies and high burdens of chronic diseases intersect as power differentials within the provision of healthcare, enabling a more comprehensive assessment of the impact of the pandemic. Yet these non-Western experiences of COVID-19, alongside explanations that point to the social determination of COVID-19, have had little influence on the discourses of global health, which fails to articulate how our global political and economic system is responsible for the magnitude and, to some extent, also the emergence of this pandemic.

By arguing for the centering of CMA of COVID-19 in global health discourse, we do not mean to displace the important biomedical and public health responses we mentioned in the opening paragraph, but to ask that anthropologies of cause and treatment are considered side by side and in equal measure. Advanced biosecurity technologies, which use data mining systems or DNA mapping to track virus strains in real time, are essential. They make these molecular worlds of COVID-19 more and more visible. However, the complexity of a pandemic exceeds viruses and their biological mechanisms of contamination and infection. The broad qualitative research on the social impacts of the pandemic carried out in Brazil by the Rede COVID-19 Humanidades MCTI34 has shown that this overexposure of the pathogen ends up obliterating our critical view on the most ordinary situations of everyday life, which is where and how COVID-19 contamination happens.

### **CONCLUSIONS**

Despite being one of the world's most important sites of vaccine production, a 'crime against humanity' is playing out in India, the latest epicenter of COVID-19 deaths, where 'oxygen is the new currency' and mortality is estimated to be up to 30 times higher than the official count. If mass vaccination is to serve as the short-term solution to this pandemic, its unequal distribution must be addressed immediately. A long-term view cannot continue to ignore the political, structural and colonial determinants. Global health could learn from this wisdom, but to do so it must be prepared to speak truth to power, to reject the taken for granted and articulate the objective and subjective dimensions of life in society. Politics is a primary structural determinant of COVID-19 mortality and we argue for the recognition of this within global health policy and governance to bring political accountability to the discussion table.

The reconceptualization of the architecture of global health as 'categories, crisis and scaffolding of the Global Health enterprise are transformed', and to do this we must do away with disciplinary silos and the top-down colonial legacies that privilege the Global North and its knowledge production. Fundamentally confronting the structural inequalities means anthropology and views from the South must not remain critical analysis looking in, but become essential components of this project.

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