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The Pandemic Push to Rethink the Field Site: New Intimacies and De-Masking in Medical Anthropology and Global Health. A Reflective Blog

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The concept of fieldwork, and its' physical manifestation, the "field site", has been described historically as 'the single most significant factor determining whether a piece of research will be accepted as "anthropological"' (Gupta and Ferguson 1997). Its primary purpose delineates the methodological space, and also place, where research, theory and thinking are produced, and reproduced in books, articles and ethnographies. It is also the space in which relations are formed, lifelong friendships take shape and fictive kin are born. It is a methodological concept of the anthropological imagination that might well be worthy of some decolonization, and one that COVID-19 may just spur forward in medical anthropology studies in global health.

As home to the World Health Organization (WHO); The Global Fund; Gavi, the Vaccine Alliance and close to 100 different global health organizations engaged in programming, policy and practice, research, diplomacy and politics, the city of Geneva is often described as the Global Health Capital. It is an ethnographic field site of processes and decision-making, stakeholder relations and a vast range of experts, generating a rich source material on the makings and re-makings of global health. It unfolds on my academic-home doorstep and my own research typically engages with it even when the focus of my research may be in Mozambique, Malawi or the United Kingdom, among many countries.

As the 2020 pandemic took hold, the Swiss Federal Government declared an "extraordinary situation" under the 2010 Epidemics Act; EpidA; an act of legislation that foresaw and planned for a situation of communicable human disease a decade before COVID-19. Overnight the buzzing global health hub of Geneva city entered confinement, at just the moment its global services (if we may call them these), most particularly in emergency epidemics response, were in highest demand. But in 2020, major planned health events were cancelled, or scaled down to move rapidly online, including the annual World Health Assembly meeting of the WHO. The city streets assumed the same quiet that was echoed around the world; that is, but for the daily WHO briefings streamed live from headquarters requiring the dedication and resources of multiples of experts beavering away in makeshift home offices collating and analysing live data streams and developing global recommendations in a rapidly changing situation. But this work was quietly invisible among the usually busy streets of International Geneva.

In normal years, the months of March to May are rich weeks for anthropologists to conduct participant observation and expert interviews as global health communities descend on the city to negotiate resolutions, engage in high-level dialogues that set the priorities and agendas for global, regional and national action. In normal years, agendas are

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double booked, cafes overflow with delegations of health specialists and queues for security badges and conference passes amass from early morning and, with this, an anthropological field site forms in its midst.

All field sites are in some ways constructions of the anthropological imagination; spaces that are artificially bounded, left porous or co-created to serve the ethnographic endeavour and a field site such as Geneva's global health scene is one that is additionally transient. Health practitioners and policy makers, researchers and scientists' headquartered and settled, often with family in the city, spend much of their time "on mission" serving ministries, health systems and communities across the globe and around the clock. Health attaches, United Nations and International Organization (IOs)/ Non-Government Organization (INGOs) staff regularly rotate duty stations and heads of UN agencies, funds and INGOs serve under time-limited mandates. Pinning down a research interview with a community always on the move, in flux, or dealing with the next outbreak or health issue is a perennial challenge of this field site.

In mid-March, surveying my own research plans for the upcoming months with events, meetings, dialogues, convening and interviews all sketched out to capture ethnographic insights on issues as far and wide as the global backlash on women's reproductive rights and bodily autonomy; issues of LGBTIQ health and well-being; men's health and masculinities and the political rise of cervical cancer and HPV on the global health agenda, I wondered how on earth these might take shape as the city closed and activities were cancelled.

What I had failed to realize at that moment, but fortunately soon discovered, was that the transience of the city, and therefore the multiple blockages and gate keepers to access, were evaporating. Field missions were suspended, field workers repatriated to the city, and ministerial meetings put on hold or postponed, later to emerge again as open, online webinars. Whilst clearly not the case for the specialized COVID-19 task-forces and scientists, for those less immediately dealing with the global response to the pandemic, an eerie and unfamiliar calm descended as the planes into Geneva airport came to a halt and the convoys of diplomatic cars that shuttle health ministers, experts and staff between venues gathered dust in underground parking lots.

As lockdown commenced I reviewed again my research plans. Tentatively I started reaching out to potential global health experts as research interviewees, expressing concern about the current health pandemic, enquiring to their well-being, and empathizing with home-office working, online schooling and the strange times we were all experiencing, and, of course the disappointment that such critical Geneva meetings were being cancelled at the very moment we needed to be collectively gathering to galvanize action. In a tone that departed from my usual formal requests for research participation, I began seeking research interviews with my normally transient field informants. Whether headquartered in Geneva, or in duty stations around the world, I hoped they were returned home safely with their families for what at that moment was an undefined future period of time.

But the world and my field site was changing before my ethnographic eyes.

Pre-Covid, my initial communications with senior global health leaders always followed, and were directed, along well-established routes via layers of hierarchical organizational structures, through administrative gatekeepers whose job is to ring-fence time and prioritize calendar activities. Research interviews do not typically receive much priority in the scale of things. But life under confinement was different and my outreach invitations took on a more personal, more intimate and shared entry point that eschewed usual protocols and diplomatic masquerades.

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My invitations were authentic – it was how I felt – and, so it seems, was how my future interviewees were also feeling. At home, attempting to home-school my three children, whilst darting between my improvised home-office, providing snack delivery services, lunch, and teaching a new masters course on gender and health, I shared my own experiences and offered advanced apologies for potential interview interruptions. It struck a chord. Typically, pre-covid confinement, I would wait several weeks for a response to inquiries for research interviews; there are usually several exchanges with various executive assistants, and a formal set of document exchanges with ethics consent forms and proposed interview questions that such leaders typically share with their teams and prepare draft responses that sometimes require official communications approval before the interview.

However, during the early months COVID-19, much of this seemed to fly out of the window as responses to my emailed invitations rapidly grew, direct from the interviewees themselves bypassing assistants and coordinators, official schedulers and agenda managers.

Expert interviews typically take place in securitized buildings requiring identity card entry, bag scanning and waiting room introductions before entry to highly sanitized offices and boardrooms that, despite all attempts at ethnographic depth, usually result in stilted and carefully worded responses.

As interviews commenced under lockdown, not only was response rate astonishing, but conducted from one kitchen table to another, the interviews transformed in nature and content forming a new ritual of ethnographic engagement beginning and ending with warm salutations of well-being, good health and stay safe. And betwixt and between these rituals of engagement and closure, usually hard to reach experts in global health not only devoted time to discuss and reflect on my research questions (unrelated to COVID-19) but also shared their everyday lived worlds of life at home.

From boiling kettles, pies in the oven, interruptions from hungry kids, dogs needing to be let out, supermarket deliveries, to “how do I turn on the video?”, and “where is mute?” – new intimate relations developed as we shared the collective experiences of new ways of being and working under lockdown and reflected too on the values and priorities of the global health arena. The field site of Geneva, Global Health Capital, had transformed. Shaking off its protocols, formalities and buzzed adrenalin, the polished veneer of “normal” fieldwork relations in Geneva gave way to a new intimacy; an ethnographic depth that was inconceivable previously, and that is, despite of, or, perhaps even, because of the technology platforms activated to engage these interactions under less-than-normal circumstances.

I have learned three important insights into this fieldwork site:

Pre-COVID, the contextual setting of expert interviews with members of the global health community foregrounded the human dimension of my informant interviews in a process that unintentionally bounded their identities to that of their professional titling and positions. Performances as institutional or national representatives are critically important interview standpoints- the way institutions think in global health is an entry point to an entire set of research questions - but as new intimacies with my informants developed under lockdown, I became acutely aware of how bounded and also restricted these were in my own ethnographic imagination. My ethnographic imagination is itself colonized by the sorts of hierarchies and framing that is rightly under question with movements such as hashtag #DecolonizeGlobalHealth.

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Masks and masking have become contested COVID-19 issues, but I now see that for the most part, I had previously been interviewing the symbolic masks of global health experts and rarely saw glimpses of the lived person and their essence behind these.

This realization has reminded me of the customs, rituals and imaginary constructions of our ethnographic field sites and our engagement with informants, arriving so often with our pre-conceived notions of place, role and position. If our efforts to decolonise our methodologies- in an era of ethnographic field site shifts online (liminal or transformative) - are to be realized, de-masking ourselves and seeing our key or expert informants within, inside and beyond the context may enrich our ethnography across global health. Ethnographic observations into the domestic lives of professionals, the intimacies of cameras peering into their home lives of people usually seen only behind podiums and large desks, even if this is not a forever context for such interview, nevertheless leant a human lens to otherwise rather sanitized research interviews.

This gives rise to a much wider methodological question for anthropologists. Ethnographic performances in virtual field sites - as online interactions become a norm rather than pandemic anomaly, and online field sites become real spaces- how will we navigate the slippage between professional and personal field work sites? Will interviewees, when engaged in their professional capacity but also working from home, develop branded backscreens? Include executive assistances and special advisors in their online platform interviews? Was the ethnographic moment to slip behind the scenes beyond professional masks be just that – a 2020 ethnographic moment.

ABOUT THE AUTHOR

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