Panel ABSTRACT

Panel 26: Unstable environments: health and healing in remote places

Organizer: Meoïn Hagège, Laura Burke

Abstract: This panel takes remote island landscapes of health and well-being as its starting point to discuss how areas, which are geographically, logistically and politically marginalised, abandoned or neglected, experience illness and healing and encounters with the State that emerge from seeking care. It explores the 'environment' as a wider social and physical space permeated by local and global inequalities inherited by colonial histories. It draws on Street's description of 'unstable places', which are characterised by poor health infrastructure, institutional instability and medical uncertainty (Street, 2014). In such areas, biomedicine comes up against the limits of its practices and technologies (or lack thereof) and medicinal care must be continually reinvented and reimagined (2014,12). Rather than receiving life-saving or life-making healthcare, places might face 'abandonment' rather than assistance (Munro and Widmer 2023) or (un)intentional neglect (Beal et al. 2025). Places of instability, marginalised by state care structures and international assistance, logistical distance, and lack of technologies and human resources, redefine how illness and healing are experienced. How do marginalised communities living in unstable environments balance health and well-being with the risks of reaching treatment? What happens when treatment is out of reach due to long distances, costs, weather, and risky journeys? How does access to or abandonment from health and social care affect these spaces? Crucially how are health and the environment being reenvisioned in the process? Submissions should be empirical studies in the social sciences including but not limited to fieldwork in remote island spaces or isolated communities.

SESSION SCHEDULE

17.09.2025 | Slot 1| 2 - 0 - 1

Charles Beach: "Working Remote" in health development research: digital methods and state neglect in periurban migrant communities of the Colombo-Venezuelen borderlands.

Shagufta Bhangu: Morality and Healthcare in India's Frontiers

Jihui Kuang: Invisible Sacrifices: Pneumoconiosis as Marginalized Health

Wren Wilson: Remote but Resilient: HIV, Stigma, and State Absence on a Scottish Island

SESSION PAPERS

"Working Remote" in health development research: digital methods and state neglect in periurban migrant communities of the Colombo-Venezuelen borderlands.

Charles Beach

The Colombian region of Norte de Santander is a periphery made of peripheries. Sharing a border with Venezuela it forms the edge of the nation state and also contains many internal regions that due to both terrain and political violence are inaccessible to both the state and aid agencies.
Remote as justification: Based on remote digital ethnographic research into gaps in access to Colombian healthcare for Venezuelan migrants during the covid-19 pandemic, this paper argues that in Colombia remoteness is a 'shifting sands' discourse used to justify continual expansion, intervention and ultimately the existence of the state and networks of NGO sovereignty.
Remote as excuse: It argues that state and local government preference to help ambulatory and pendular migrants over the peri-urban and rural populations shows remoteness to also be a malleable rhetorical concept that makes an excuse for inaction or deliberate blindness to populations in need of health and social care.
Remote as methodology: I conclude with a look at remoteness as a digital methodology, and how it is often a continuation of remote discourse of state and NGO logic.

Morality and Healthcare in India's Frontiers

Shagufta Bhangu

The ties between public health programmes and nation building are well documented. What is perhaps lesser known are the ways in which health care projects bring nation building efforts into sharp relief when undertaken in frontier regions of a country. Based on ethnographic fieldwork at a cancer institute in southern Assam in India, this paper draws attention to the specific ways by which imaginations and practices of 'nationhood' operate. The region sits on a number of historical and psychic fault lines between nations and communities. It is also ecologically marked by disruptions as the region faces annual flooding and devastation. In this tumultuous space, the paper attends to the imaginations of 'India,' its people, their health, concerns around security and risk, and the work of healthcare experts in serving their nation. By drawing on interviews conducted with administrative and medical workers at the Institute, tracing their professional histories, motivations for remaining in this centre, and challenges of working here, the paper illustrates the moral orders which permeate the Institute and its everyday operations,

and interrogates both the internal (towards one another) and external commitments (towards the local community) to providing cancer care in the frontiers. The paper concludes with preliminary attempts at theorising the presence and work of medical institutions in frontier spaces.

Invisible Sacrifices: Pneumoconiosis as Marginalized Health

Jihui Kuang

This study examines the experiences of pneumoconiosis patients in Lianhua County, Jiangxi Province, a rural coal-mining area in China, as a case of health marginalization in peripheral regions. Pneumoconiosis—an irreversible, fatal respiratory disease caused by dust exposure.

Using medical anthropology and political ecology frameworks, the study combines policy analysis and ethnographic fieldwork, including interviews with patients, doctors, and NGO staff. It explores how fragmented governance, weak medical infrastructure, and lack of state support have led to the near-abandonment of occupational disease patients. While local governments invest in visible urban and ecological projects under green transition agendas, pneumoconiosis rehabilitation centers are underfunded, poorly maintained, and disconnected from public health systems. This lack of infrastructure forces patients to endure chronic suffering without adequate care, leading to feelings of being forgotten by the state.

Grassroots NGOs fill this gap, offering medical advice, legal support, and psychosocial help, helping patients regain confidence in managing their disease. However, the study shows that governance logic prioritizing “visible projects” over “invisible health needs” limits NGO support capacity. Despite these constraints, NGOs’ efforts represent a rethinking of healthcare from the margins, aiming to restore dignity and survival.

By shifting focus from compensation disputes to patients’ embodied experiences and survival strategies, this study reframes pneumoconiosis as not just a workplace hazard, but environmental health injustice. It reveals how labor exploitation, environmental degradation, and chronic illness intersect within systems of marginalization. The findings call for inclusive green transition policies and stronger community-based health initiatives as a supplement to state-led care.

Remote but Resilient: HIV, Stigma, and State Absence on a Scottish Island

Wren Wilson

This paper explores how people living with HIV (PLHIV) experience illness, care, and community in a remote Scottish island setting marked by logistical isolation and fragile healthcare infrastructure. Drawing on my ethnographic fieldwork, creative mapping exercises, and in-depth interviews, it examines how individuals navigate chronic illness in marginalised island communities under the shadow of a health system strained by distance, limited resources, and institutional gaps.

Here, access to specialist HIV care and routine monitoring through blood tests involves long, costly journeys to the mainland—journeys often complicated by weather, road closures, bus cancellations, and personal risk. The absence of consistent state support

fosters the reinvention of care through improvised networks: NGO outreach, peer-to-peer support, and community solidarity. Following Street's (2014) notion of 'unstable places,' the island becomes a landscape where biomedical access consistently confront the realities of logistical imitations for PLHIV.
Rather than focusing solely on abandonment, this paper foregrounds the creative practices of resilience and care that emerge in these peripheral spaces. PLHIV recount their experiences through spatially infused narratives that trace care across GP clinics and small community engagements—spaces imbued with social meaning.

By situating HIV care within a landscape shaped by historical neglect, logistical precarity, and enduring stigma, this paper contributes to broader discussions on how health, illness, and healing are reconfigured in rural environments where the state is distant but care is still forged. It calls for a more nuanced understanding of health geographies in so-called marginal places—not only as voids, but as sites of reimagined care.