Panel ABSTRACT

Panel 42: History in Care: Tracing Historical Entanglements

Organizers: Kristine Krause and Monika Palmberger

Abstract: This panel explores the lingering presence of history in spaces, practices, and narratives of care, challenging the tendency to focus only on the 'new' in moments of health and care crisis, such as the Covid-19 pandemic. This panel invites contributions that interrogate when and how history lingers on or returns in unexpected ways. Health crises such as Covid have exposed the often invisible role of care, revealed hidden hierarchies and prompted redefinitions of health and well-being.

Care practices - how, where, and by whom they are delivered - are shaped by historical legacies of interconnectedness and hierarchy, including colonial and imperial histories. These pasts not only influence individual experiences but also embed care within broader collectives, marked by status, gender, and racialized inequalities.

Bringing "historicity" back to medical anthropology and the anthropology of care, this panel invites papers that build on and expand seminal work in medical anthropology and care studies (e.g., Medical Anthropology 2018, 37(8), and History and Anthropology 2021, 32(4)). The focus is on the historical dimensions of:

- Spaces (regions and buildings) where care occurs,
- Practices, routines, and protocols of care,
- Entitlements, relationships, and belonging,
- Narratives and subject positions.

Privileging "history in care" over "history of care", we understand care as a central element of social organisation (Thelen 2015) that can make historical entanglements visible in particular ways. We welcome contributions that address questions of who provides care, where care takes place, and how practices and narratives related to pasts evolve around care relations.

SESSION SCHEDULE

18.09.2025 | Slot 1&2 | 4-0-4

Devin Flaherty: Hospice as History in the American (Post)Colony

Marcos Freire de Andrade Neves: Remnants of Care: Afterlives of a Lethal Drug

Inga Haaland: Growing Up in the Clinic: Intergenerational Care and the Role of Clinics for GenZ Born with HIV

Marie Leine: Uneasy Care: Tracing Silences and Recognition in Danish Shelters

Veronika Prieler: "Places of new community and cultural centers": Care homes for Transylvanian Saxons in Germany

Julia Rehsmann: Digital divides and hidden labour during Covid-19

Yuan Yan: Still in the Danwei: How Danwei Memory Anchors People with Dementia in an Urban Care Home in China

Milena Wuerth: 'Transforming' UK mental healthcare? A case study of continuities in psychiatric care from the archives of one London hospital

SESSION PAPERS

Hospice as History in the American (Post)Colony

Devin Flaherty

Across the social scientific literature, the history of hospice care is a savior narrative of violent absence being slowly turned into care-ful presence: sparked by the suffering of dying people in a biomedical context obsessed with curing, end-of-life palliative care was invented and has since been spreading from the Global North unevenly – but victoriously – into marginalized communities the world over. The presence of hospice care on St. Croix, U.S. Virgin Islands, though, tells a very different story. Through ethnographically tracing the trajectories of older St. Croix residents who became hospice patients despite wanting very much to pursue curative care and continue living, this paper argues that the practice of hospice care on St. Croix is uniquely revelatory of historical processes of necropolitics in this (post)colonial Caribbean space. Specifically, I show how the dual historical processes of the bureaucratization and globalization of hospice care alongside the enduring political disregard constitutive of (post)colonial spaces work together to hyper-valorize hospice care while simultaneously devaluing older Crucian lives in the everyday work of hospice care on the island. In the end, the paper argues, an a-historical perspective on hospice care in any community necessarily amounts to a form of anti-politics

Remnants of Care: Afterlives of a Lethal Drug

Marcos Freire de Andrade Neves

This paper follows the afterlives of sodium pentobarbital (SP), a barbiturate whose uses span assisted dying, veterinary euthanasia, and state execution. By tracing its movement

across different settings, I explore how death—as a form of care—emerges through historically layered geographies of regulation, biopolitical disregard, and moral valuation. I approach SP as a pharmakon that gathers and redistributes historical residues: of biopolitical experiments in life and death, of shifting pharmaceutical economies, and of moral anxieties around death and dying. In Swiss assisted dying organizations, for example, the expectation of a good death is scaffolded by bureaucratic routines and pharmacological protocols that carry traces of historical forms of life regulation and psychiatric infrastructure. In U.S. prisons, by contrast, the scarcity of SP following its market withdrawal reveals how care and violence are entangled in the state's historical geography of punishment. What kinds of care practices cohere around a substance that ends life? And what historical sediments surface in the spaces where death is rendered permissible? Drawing on ethnographic research, I argue that SP does not simply act within care; it refracts the long accumulation of decisions, omissions, rationalities, and exclusions through which death becomes governable.

Growing Up in the Clinic: Intergenerational Care and the Role of Clinics for GenZ Born with HIV

Inga Haaland

This paper explores the vital role of clinics as caring spaces for individuals born with HIV in Kisumu, Western Kenya, especially amid declining external funding for HIV care. Since the onset of the epidemic in the 1990s, Kisumu has served as a key site for NGOs and HIV research, particularly following PEPFAR's initiation in 2003. Through life-history interviews with GenZ and millennials living with HIV alongside healthcare providers, this study examines intergenerational care practices, focusing on children born to mothers living with HIV, their mothers, and their relationships with clinics.
Participants reflected on their childhood experiences in clinics, which functioned as safe havens and a place of belonging where the clinic offered antiretroviral treatments, material support, and emotional care from healthcare providers and peers. Many recounted growing up unaware of their HIV status because the mothers or caretakers had not informed them; this caring practice caused conflicts between mother and child. The clinic emerged as a crucial space for communication about their challenges and for social and emotional care and negotiations during conflicts with mothers or caretakers.
This research argues that clinics operate as networks of care, expanding beyond biomedical treatment and fostering a sense of belonging and community for those living with HIV. However, these supportive care networks face sustainability challenges due to reduced funding and reliance on singular sources like PEPFAR. By situating these narratives within historical contexts, the paper examines the lasting influence of past healthcare practices on current experiences of care and belonging amidst health crises.

Uneasy Care: Tracing Silences and Recognition in Danish Shelters

Marie Leine

This paper explores the lingering presence of history in the spaces, practices, and moral logics of care within Danish domestic violence shelters. Framed in policy as both a "public health issue" and an individual "crisis in cohabitation and relatedness," domestic violence is addressed through institutional responses that offer refuge, care, psychological

counselling, and social work interventions. Based on ethnographic and archival research for my PhD dissertation, I examine how contemporary shelters sit uneasily within the Danish welfare state – shaped by overlapping regimes of moral governance, feminist resistance, and welfare reform.
Rather than tracing a linear history of the shelter system, I ask how history lingers in care practices, institutional spaces, and the affective rhythms of shelter life. Drawing on Thelen's (2015) reconceptualization of care as a form of social organization, I argue that shelters do not simply offer protection or promises of healing: they structure moral recognition and belonging through historically sedimented ideas of risk, responsibility, and citizenship. These dynamics unfold through unspoken assumptions about Danishness, modernity, and gender equality that shape who is seen as at risk, in need, or capable of recovery.
Through ethnographic scenes and analysis of public discourse I explore how care for the racialized and violated gendered body emerges as ambivalent and politically saturated. I ask how histories of feminist critique and moral regulation continue to infuse institutional care, and how silence itself may act as a trace of these unresolved pasts – shaping what kinds of well-being can be imagined, and for whom.

"Places of new community and cultural centers": Care homes for Transylvanian Saxons in Germany

Veronika Prieler

Since the Second World War, over 600,000 Germans have emigrated to Germany from Romania. Between 1953 and 1973, Transylvanian Saxons founded 5 care homes each of which was run by an aid association. The purpose of the aid associations was twofold: to support lonely, elderly community members who had difficulties to adjust to the new environment and to preserve Transylvanian Saxon culture and history. The former was realized by establishing facilities that exclusively or primarily cared for people born in Transylvania. The second was implemented through specific cuisine, decorations, musical performances, the celebration of customs and feasts, etc. in these care homes. Half a century later, the number of Romanian-born residents and staff has decreased, three facilities have even ceased to be run an Transylvanian Saxon institutions. The article examines how collective origin and culture was and is made the point of reference for institutional care and how history is kept alive and lives on in these homes. How are (supposedly) shared experiences, traditions and pasts mobilized? What is remembered by whom and what is not addressed, perhaps even concealed? In examining these questions, I propose to analyze these care homes as places where care for seniors and care for history and cultural heritage take place, intertwine, and influence each other.

Digital divides and hidden labour during Covid-19

Julia Rehsmann

This paper examines how the Covid-19 pandemic exposed and exacerbated longstanding hierarchies of (health)care labour within hospital settings, revealing historical patterns of marginalisation among essential workers often rendered invisible. Drawing on the design-ethnographic research project ""Pandemic Objects in Practice,"" funded by the Medical Collection Inselspital Bern, I analyse how hospitality and cleaning

staff—predominantly from migrant backgrounds—experienced systematic exclusion from critical information flows during the crisis.
The pandemic made visible what was previously obscured: the digital divide separating different categories of hospital workers reflects deeper historical inequalities in how care labour is valued and organised. While clinical staff accessed virtual town halls and vaccine appointments through digital channels, support staff without computer access relied on improvised communication networks. Department supervisors became crucial mediators, booking vaccine appointments on personal smartphones and translating communications into accessible formats for their teams.
The sudden return to paper leaflets and face-to-face communication during a crisis that centered on digital solutions highlights the persistence of social hierarchies in healthcare settings. The findings, which were also published in a special exhibit of the digital museum of the Medical Collection Inselspital Bern, contribute to understanding how spaces of care embody historical entanglements through everyday practices and protocols, showing that moments of crisis can make visible the lingering presence of historical inequalities that might otherwise remain unacknowledged in discussions of healthcare provision.

'Transforming' UK mental healthcare? A case study of continuities in psychiatric care from the archives of one London hospital

Milena Wuerth

In the years following the pandemic, spokespeople for the UK's National Health Service (NHS) have diagnosed a crisis in public mental healthcare and its workforce, setting in motion series of policy 'transformations'. While these are heralded as innovative breaks with the past and its injustices, research drawing on archival and oral histories shows un/caring practices of previous decades bleeding into the present, disrupting linear visions of innovation-drive progress towards cure or recovery. Critical-historical research exposes patterns in policymaking and in institutional practices of remembering and forgetting, as mediated by those working within mental healthcare services.

In this paper, I look to one particular archival source to ask: What forms of care are remembered and by whom? What legacies have been kept alive or let fade through subsequent waves of policy reform? What implications does this selective institutional memory hold for ongoing attempts to 'transform' public mental healthcare?

I begin by describing an archival research methodology that complements ethnographic participant observation and takes the materiality of history as manifested in buildings and documents as an impetus for exploring the pasts of local psychiatric institutions. I then present an analysis of more than 500 letters sent by psychiatrists working at my ethnographic fieldsite between 1950-1954, contextualised by contemporary policy reports. Lastly, I bring the archival record in dialogue with present-day reorganisations of mental health services, reflecting on the parallels in psychiatric practice across eras of reform and the ongoing work of enacting 'transformation' such that continuities all but disappear from view.

Still in the Danwei: How Danwei Memory Anchors People with Dementia in an

Urban Care Home in China

Yuan Yan

Home-making practices, such as incorporating familiar objects into care homes, can help people with dementia experience a sense of belonging. However, these practices cannot fully recreate their previous sense of home. By exploring how the material environment, activities, and relationships in the care home led residents with dementia to feel as though they were living and working in danwei—a multifunctional institution that provided employment, housing, and various services in China from the late 1950s to the 1990s—I argue that, beyond home-making practices, in China and other contexts, belonging for people with dementia in institutions can also be explored by giving people role positions and interactions which are valuable to them and might reflect earlier work or other institutional structures in their life.