



Roundtable ABSTRACT

Roundtable 08: Applied medical anthropology in times of crisis

Organizer: Silvia Wojczewski, Viktoria Adler, Anna Christina Maukner, Ruth Kutalek

Abstract: Anthropological expertise is particularly valuable when working in transcultural contexts and with people in vulnerable situations. Working with people on the ground and making sense of their lived experiences can be of great benefit in the context of crisis management. With the current rise of anti-feminist, far-right, anti-social justice and anti-immigrant governments around the world, it is increasingly important for anthropologists to engage with diverse fields within and beyond academia. Yet there is often a gap between theory and practice when working in crisis contexts: what should be done in theory often has to be compromised when faced with the challenges of reality. Anthropologists often have to juggle rigid (safety and ethical) regulations, institutional practices and the priorities of the communities they work with. In this roundtable we would like to invite anthropologists working in applied medical, humanitarian, governmental, non-governmental or disaster management fields and in different geographical contexts to discuss the challenges they face in applying anthropology in different crisis contexts. How do they use their knowledge as anthropologists to understand, resist and act in crises? How are they able to apply theoretical and methodological knowledge in their respective fields? What are the main challenges or ethical dilemmas they face when engaging in crisis management? How are they able to translate their practical expertise back into research and policy? These and other questions will be discussed with the panelists and the audience.

SESSION SCHEDULE

19.09.2025 | Slot 2| 2-0-4

Nadine Beckmann, Sophie Everest: Humanising outbreak response: doing anthropology in the context of public health emergencies

Doris Burtscher: Applied Medical Anthropology in Humanitarian Contexts: Insights from Médecins Sans Frontières

Tamara Giles-Vermick: Sonar-Cities: A research-action for tackling vulnerabilities among urban populations facing climate-induced health emergencies and disasters

Young Su Park: Anamnesis of Crises: Historicity of Crises and Vulnerable Populations in Ethiopia and Kiribati

Ursula Wagner: Humanitarian health response for Ukrainian refugees in the Republic of Moldova

SESSION PAPERS

Humanising outbreak response: doing anthropology in the context of public health emergencies

Nadine Beckmann, Sophie Everest

‘Engaging communities’ and ‘creating buy-in’, ideally with the aim of ‘community-led response’ – these are widely regarded as the gold standard of participatory approaches to epidemic response, designed to build trust and ensure effective intervention. But what does it mean to engage community members in meaningful ways during rapidly unfolding health emergencies? What materialities, ethical questions and political engagements must be considered to ensure that those who are most affected by an outbreak have a voice, are listened to, and can participate in intervention design? This paper reports from our team’s efforts over the past three years to conduct ethnographic work while embedded in the outbreak response structure, with an explicit agenda to humanise outbreak response, learn from past mistakes and successes, and ultimately shift the paradigm, away from a behaviour change model that frames community practices as resistance or non-compliance, towards a model that is community-led, based on an understanding of community members’ concerns and centred around supporting affected communities’ specific needs in the face of crisis. This requires a more empathetic, listen-and-learn approach from across all disciplines; the systematic integration and acceptance of qualitative data streams into response programming; mechanisms for the rapid deployment of local social scientists; capacity strengthening at national and district levels; and advocacy from national to global levels. We would like to take this opportunity to reflect on the progress we’ve made and next steps required for professionalising and strategically embedding the generation and use of anthropological data into core response and preparedness mechanisms.

Applied Medical Anthropology in Humanitarian Contexts: Insights from Médecins Sans Frontières

Doris Burtscher

Working in humanitarian contexts, Médecins Sans Frontières (MSF) teams often face

questions that require deeper exploration beyond biomedical frameworks. For example, why do people delay seeking medical care, even when it is provided free of charge? While MSF may have its own assumptions, it often seeks the support of a medical anthropologist to explore the deeper, context-specific factors influencing health-seeking behaviour.

In other instances, MSF works in collaboration with the communities it serves to identify appropriate solutions to the specific challenges they face in accessing care.

We practice what is known as 'applied anthropology.' We collaborate with non-academic, non-anthropologist professionals to improve the delivery of humanitarian aid. Our role is to identify gaps in understanding, unintended consequences, or social barriers within a given humanitarian project. As members of a team, we contribute to resolving challenges and support the project in reaching the people who need assistance.

As a medical anthropologist in this panel of 'Applied Medical Anthropology in Times of Crisis', I will share insights from my experience practicing anthropology within MSF, while also highlighting the broader value and relevance of the discipline in humanitarian contexts.

Sonar-Cities: A research-action for tackling vulnerabilities among urban populations facing climate-induced health emergencies and disasters

Tamara Giles-Vermick

Disasters, including health emergencies, pose enormous strains on response capacities of cities, countries, and the European Union, compounding existing climatic, political, economic, and social challenges. The risks and consequences of these emergencies reduce the health and well-being of Europe's inhabitants. But their burdens are not evenly shouldered across all populations. Cities face huge challenges in preparing for and responding to disasters: urban publics not only suffer higher morbidity and mortality during such emergencies but resulting instability and response measures can exacerbate social and health inequalities. Vulnerable urban inhabitants are at risk during such crises for exclusion and heightened health consequences. With lower access to health information, resources, care and support, they tend to experience higher mortality and morbidity and longer-term reductions in health.

The Sonar-Cities project mobilizes anthropological research-action to render Europe's cities more resilient in health emergencies and disasters. We analyze One Health factors and consequences of past emergencies in 6 European cities, notably from the perspectives of people experiencing vulnerabilities. We use these analyses to co-create with publics at risk, first responders, and authorities a citizen-centered toolset. By strengthening inclusivity in risk management, Sonar-Cities seeks to enhance preparedness and reduce risks posed by these emergencies.

Anamnesis of Crises: Historicity of Crises and Vulnerable Populations in Ethiopia and Kiribati

Young Su Park

This ethnographic history illuminates how historical memories of violent modernization

efforts have affected the living environments and bodily practices of the socially marginalized people in the face of humanitarian and climate crises in Ethiopia and Kiribati. In Ethiopia, it shows how life histories of the Oromo people, beneficiaries of Korean government-funded global health projects, are shaped and interrupted by historical memories of colonial massacre, ruins of failed modernization experiments, inhumane tempo of socialist revolution, and urgency of national economic development. This study suggests the psychological and political ramifications of intergenerational trauma and historical memories of ethnic violence, with implications for implementing a migrant-friendly healthcare project for internally displaced populations under a compounded crisis of conflicts and climate change in Ethiopia.

In Kiribati, an ethnographic field study investigated health impacts of climate change, vulnerable groups, and climate resilience-building options in an outer island in Kiribati. The impact of climate crisis has become a lived experience and everyday reality for the community rather than an abstract perception of a distant future. People in Kiribati, the frontline of climate change, primarily experience climate change as 'loss'. This includes the loss of home, land, trees, fresh ground water, staple food, safe fishing niche, predictable seasons, and hope for the livelihood of future generations. The persistent colonial rationality of nuclear tests in Christmas Island provides a historical vantage point to understand current impact of climate crisis. It questions public health approaches based on the notions of climate risk perception and resilience.

Humanitarian health response for Ukrainian refugees in the Republic of Moldova *Ursula Wagner*

In this contribution I would like to discuss my experience in setting up the initial health response to the Ukraine refugee crisis in the Republic of Moldova after the start of the war in Ukraine in February 2022. Moldova continues to host a large refugee population per capita, its health system immediately got stretched by the large influx of refugees. I will shed light on the coordination with other state and non-state actors, including other UN organisations and NGOs in the health sector, as well as ethical considerations, when it comes to provision of both primary health care, but also highly specialised health services like cancer care, as well as specific health promotion activities for this vulnerable population. This includes for instance considerations around alleviating the burden on the local system by transporting patients to EU countries and other models developed in the initial crisis response.