Roundtable ABSTRACT

Roundtable 12: Closing the distance? Medical anthropology between (health) activism and academia

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Abstract: Over the last few years, multiple crises, from political upheavals to the global pandemic, have fragmented welfare states and healthcare systems already struggling to provide care. These crises exposed and worsened structural weaknesses, and shed light on inequalities that disadvantage access to, and the experience of, care for women, asylum seekers, queer people, people with disabilities, and people living in underserved communities, among others.

In response, health activist initiatives and grassroots collectives have (re-)emerged to contest this exacerbation, involving healthcare professionals, social workers, caregivers, patient advocates and their allies. Social scientists have meanwhile shown growing interest in these actors and increasingly question the social, political and ethical complexities of these attempts to instigate change.

This roundtable explores anthropological engagements with such health activism and their complex relations with the academic world. Specifically, we want to critically discuss the methodological, ethical, and epistemological tensions that arise when medical anthropology becomes more involved and applied, for example: what possibilities or limitations are opened by involving ethnographers in rethinking health and health systems? How do medical anthropologists negotiate analytical distance and watchful attention with their engagement in health movements, often sharing a commitment to their interlocutors' goals? How does epistemic authority shift when researchers get involved in bottom-up initiatives? What shifts in research methodologies are these processes driving? How does researchers' personal experience in health matters impact research and activism?

We welcome contributions discussing practical experiences of engaging as an anthropologist in these contexts, by pushing disciplinary boundaries and suggesting new pathways.

SESSION SCHEDULE

18.09.2025 | Slot 2| 2-0-2

Gregory Haimovich: Participatory Action Research on Linguistic Rights in Health Care: The case of Proyecto Xochiuehpol

Vivian Rocio Laurens-Rengifo: Blurring the lines between academia and activism: lessons from scholars/activists in Colombia

Youness Loukili: Counter-storytelling by local people as a means of criticizing and redesigning policies: The Case of Covid-19 in Urban Settlements in Morocco

Wren Wilso: HIV Activism, the Zero Transmission Goal, and Medical Anthropology in Scotland

SESSION PAPERS

Participatory Action Research on Linguistic Rights in Health Care: The case of Proyecto Xochiuehpol

Gregory Haimovich

My contribution centers around a participatory action research project initiated in 2018 in San Miguel Tenango, a Nahuatl-speaking community in the Sierra Norte de Puebla, Mexico. Initially dedicated to the revitalization of Nahuatl through its use in public health services, the project quickly encompassed other related subjects that were also important for the community: preservation of local medicinal traditions and health promotion focused on diabetes and high blood pressure. The project unites Indigenous activists and researchers, medical workers, and me as an academic researcher. It has produced multiple community-oriented health educational materials and significantly contributed to the anti-COVID-19 campaign in Tenango and neighboring communities.
The role of an external researcher in PAR provides many opportunities that observational research cannot, but it places a greater responsibility on you. A PAR project should consider the interests of disempowered groups – in this case, Indigenous community members – in the first place, raising ethical standards in research to a new level. Once accepted and trusted to participate in such a project, in addition to achieving a practical outcome, you must constantly mediate between the stakeholders and navigate a complex system of power relationships. I want to share my personal experience of working in the Xochiuehpol project from a critical perspective, focusing mainly on the challenges and shortcomings I need to overcome in my work.

Blurring the lines between academia and activism: lessons from scholars/activists in Colombia

Vivian Rocio Laurens-Rengifo

Since 2018 I have been working with Red SaludPaz, which is a national network of scholars and civil society organizations in Colombia. Red SaludPaz formed in 2017 to

support the implementation of the rural health system stipulated in the 2016 Colombian peace accord. Most of the scholars in Red SaludPaz are professors of social science and health care. These scholars/activists see their ethnographic work as ethically political, which demands that research serve a politically engaged purpose and actively support transformation of health care systems. As such, I joined Red SaludPaz as a researcher and as an active member of the network. Though I was born and raised in Colombia, my university training occurred in the United States, thus I was not exposed to the way scholars in Colombia seamlessly blur the lines between research and activism. This experience has led me to reflect on the process of learning and unlearning that the role of scholar/activist requires. To learn the different temporalities involved in the slowness of radical transformation and the urgency of policy making. To learn to navigate the tensions that emerge in the collective production of knowledge through epistemic collaboration. To be ready to unlearn theory and methods that when exposed to the dialectical exchange with practice show they need reconsideration. This has been my first experience working as a scholar/activist and over the last seven years I have learned that there is much we can learn from the global south on how to make research relevant and transformative.

Counter-storytelling by local people as a means of criticizing and redesigning policies: The Case of Covid-19 in Urban Settlements in Morocco

Youness Loukili

During the COVID-19, the tendency to depend on statistics dominated public media debate, including the number of cases, deaths, and recovered serving as a type of authentic reality to establish or deny the risk. Of all, statistics is not only an essential language for modern state policy; it is also well-constructed for public argument. During the pandemic, the language of numbers played a vital part in influencing public discussion, convincing people, and making and justifying decisions.
However, from this perspective, we observed that people's stories and experiences were still far from interesting. And we found that we need to use appropriate anthropological methodologies to consider people's lived experiences, particularly to pay attention to the counter-storytelling that varies from official narratives on health emergencies, particularly quarantines, and the everyday lives of ordinary people.
From the perspective of medical anthropology, we are investigating the experiences of people in urban settlements in Casablanca, Morocco, to demonstrate the importance of counter-storytelling and the impact of quarantine on their lives in the context of Intersecting Precarities that these settlements previously witnessed. The main objective of our study is to shed light on the role of ethnography during times of crisis, in order to present alternative narratives pulled from below, in addition to criticizing public health policy, identifying deficiencies, and suggesting ways to improve.

HIV Activism, the Zero Transmission Goal, and Medical Anthropology in Scotland

Wren Wilso

In response to systemic healthcare challenges, Scotland’s ambitious Zero Transmission goal for HIV by 2030 has sparked both support and significant debate, especially among

activists and third-sector organizations. While aiming to eliminate new HIV transmissions, the goal has raised concerns regarding funding distribution, outreach strategies, and the inclusivity of marginalized communities, particularly those living in rural and central Scotland. These regions face unique barriers, including geographic isolation, limited healthcare infrastructure, and stigmatization of HIV, making the goal's implementation particularly complex.

Grassroots HIV activism in Scotland, led by healthcare professionals, PLHIV advocates, and community organizations, has emerged to address these issues. However, tensions have surfaced as some activists argue that the Zero Transmission goal risks sidelining the realities of individuals already marginalized in HIV care, especially in rural areas. The focus on new transmission rates may unintentionally overlook the ongoing struggles for care and support for those living with HIV.

Drawing on ethnographic fieldwork, I examine the methodological, ethical, and epistemological challenges that arise when I engage with health activism alongside interlocutors.