Roundtable ABSTRACT

Roundtable 14: How do hospitals (continue) to matter to anthropologists?

Organizer: Fanny Chabrol, Amina Soulimani

Abstract: Our current geopolitical moment exacerbates hospitals as condensing socio-economic disparities, emotional distress and environmental destructions. As much as hospitals are greatly destabilised by budgetary austerity worldwide, and are targeted in conflicts as dramatically shown in the Israeli war on Gaza, they still matter as a key locations for medical care.

Anthropologists have long made hospitals one of their favourite field sites, investigating their medical cultures, the assemblage of biomedical technologies and health professionals, within specific political economies and global health (Livingston 2012; Street 2014). Hospitals continue to be intriguing in their multiple instantiations (Chabrol et Kehr 2020) particularly in regards to calls and movements for radical care and radical health with the need to think plasticity of hospital environments, and their non normative qualities of a “queer hospital”(Dalton 2024). Recent projects challenging the “hospital of the future” or the future of hospitals across continents opens plural pathways towards more radical epistemologies and methods to approach care and medicine otherwise (Street 2018; Kehr 2020).

We will invite scholars present at the conference as well as health professionals and other actors to reflect on novel collaborations and conceptualisations.

SESSION SCHEDULE

17.09.2025 | Slot 2| 2-0-4

César Abadía-Barreo: Can hospitals be decolonized/Are hospitals being decolonized?

Janina Kehr: On the more-than-medical in hospitals today

Mirko Pasquini: The Hospital as a Social laboratory. Investigating Privatisation and Healthcare Change Through the Lenses of Emergency Room Overcrowding.

Harris Solomon: Glitch Medicine: Cyberattacks and the Hospital's limits

Alice Street: The hospital as landfill: Burying, storing, and burning medical waste

SESSION PAPERS

Can hospitals be decolonized/Are hospitals being decolonized?

César Abadía-Barreo

"Western" biotechnologies, evidence-based medicine, ultra-specializations, fragmented and financialized health care, among others, reflect the legacies of colonial/neo-colonial hegemonies in clinical care. However, clinical care at each hospital is practiced under particular "epistemologies of care;" that is, historical traditions that reflect how health care and politics intersect. I would love to discuss in this roundtable how hospitals continue to adapt, resist, confront, or challenge colonial/neo-colonial hegemonies amidst growing calls for epistemic justice in global health. Traditional and Indigenous notions of health, healing, and wellbeing have been considered by western hospitals and health care infrastructures only if there is enough "evidence" to support their practice, and only as "complementary" or "alternative" to the so-called mainstream or modern medicine. However, under ongoing epistemic justice and decolonizing global health discussions, new negotiations are emerging. I wonder if epistemic multiplicity inside hospitals or hospital systems, already available in some Asian countries, could become a new hegemony at the global level. I also wonder how these new contestations in epistemologies of care might offer us a new way to think about decolonizing hospitals.

On the more-than-medical in hospitals today

Janina Kehr

Economic, ecological, material, spatial, political and labour related - that is more-than-medical aspects - linger in hospitals all over the world. These aspects are oftentimes overshadowed by the primacy of day-to-day practices of medical treatment and illness experience. Through a focus on the non-medical or that which goes beyond the medical in hospitals, I will engage with the question of how hospitals might matter differently to medical anthropology today than in the past. Hospitals might increasingly figure not only as "affective infrastructures" (Street 2012) where "ordinary medicine" (Kaufman 2015) takes place, but also as central nodes of globally distributed supply-chain medicine, in which more than medicine is at stake.

The Hospital as a Social laboratory. Investigating Privatisation and Healthcare Change Through the Lenses of Emergency Room Overcrowding.

Mirko Pasquini

"From the very beginning of the COVID-19 pandemic, the level of patient saturation of Emergency Rooms (ERs) and Intensive Care Units (ICUs) and the lack of available beds was broadcast relentlessly, filling everyone with dread – not to say panic. Who is to be

attended first? And how should such a decision be made? But, even though it made things worse, hospital overcrowding is not a new phenomenon that the pandemic brought.
Since after 2008, Italian Newspapers and television exposé frequently sound the alarm that one third of the Italian population goes to the ER at least once a year, and 70% of those patients are assigned either low priority or non-urgent care codes. Urgency in the ER is supposed to fit clinical criteria, and is designed to treat heart attacks, broken bones, or head traumas due to car accidents, not provide routine health care and social support. During the past fifteen years, however, this definition of urgency has undergone massive renegotiation in Italy. Addressing the particular positioning of the ER as a thick space of conjunction between neoliberal state politics and people's increasing need for care and recognition, my work contributes to hospital ethnography by analysing triage not as a neutral medical way of sorting, but as a practice that actively creates difference. It explores both the limits of triage, and how those limits can spark improvisation and creative reinvention.

Glitch Medicine: Cyberattacks and the Hospital's limits

Harris Solomon

In this contribution, I will examine the fraught connections between error, harm, and medicine in India. It draws on ethnographic fieldwork about healthcare cyberattacks as they subtend uneven processes of hospital privatization and public health digitization. Healthcare workers must increasingly navigate the specters and the actualities of cyberattacks. At stake, I argue, is what I call “glitch medicine”: a transformation in the very nature and function of medicine characterized by intensified proximities to danger and quests for safety.

The hospital as landfill: Burying, storing, and burning medical waste

Alice Street

When I carried out ethnography in a public hospital in Papua New Guinea in the early 2000s, my attention was drawn to the more-than-biomedical nature of the institution. I found a busy world of kinship, religious practices, labour struggle, political spectacle and economic exchange that made it a rich arena in which to explore personhood and social change. But I missed one essential element of any hospital’s everyday life – the disposal of huge volumes of rubbish, most of it plastic, generated from procedures carried out in nearly every hospital space. I am ashamed to say, I never even asked where the waste went. Presumably, there was an on-site incinerator, probably donated by a foreign development agency, but I never saw it. This now embarrassing omission is highlighted by recent research, carried out with collaborators in Sierra Leone, India, Senegal, and the USA, which reveals hospitals to be prolific sites of landfill, burning, and storage of used and unused medical waste, most of it plastic. I reflect on what a focus on hospitals as sites of waste generation and disposal tells us about these places and the relationships they make, taking us beyond a traditional consideration of hospital relationships between health workers and patients, state and society, to consider the relationships to soil, air and water that mediate the disposal of waste on hospital grounds. This raises new questions about how we might theorise hospitals as more-than-

biomedical places as well as the damage that hospitals can do to a place.