

Anthropologie

Zeitschrift für Medizinethnologie • Journal of Medical Anthropology

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40 years journals in medical anthropology - 1971-2011

Mission Statement

AGEM, the German Society for Medical Anthropology **Arbeitsgemeinschaft Ethnomedizin** was founded 1970 in Hamburg, Germany. It is classified as a non-profit organization of scientists, practitioners, and institutions.

In its founding principles from 1970, the AGEM established its mission to advance the critical inquiry of an "interdisciplinary field uniting anthropology and medicine" and to foster the scholarly collaboration and research at the nexus of medicine and culture, including in the related fields of the history of medicine, human biology, pharmacology, botany in the natural sciences, and in medical, social and cultural anthropology, human ecology, sociology, psychology, and folklore studies in the social sciences.

As outlined in the bylaws, the AGEM is committed to the research and dissemination of academic and practice-based research examining the intertwined relationships of medicine and culture through 1) the publication of a corresponding peer-reviewed journal, 2) regular professional meetings, and 3) the collection of relevant written materials that serve the purpose to increase scholarly exchange and debate.

Upcoming events

- Jahrestagung der Akademie für Ethik in der Medizin 2014 (09.10.)
- XVI Humanitarian Congress (10.10.)
- Weltkongress Ethnotherapien & Ganzheitsmedizin (31.10.)
- *Mixed Methods - capturing global health transformations (31.10.)
- 20 J. Dt.-Türk. Psychiatrie - Hindernisse, Brücken+ Perspektiven (07.11.)

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Zum Titelbild/Front picture *Curare* 37(2014)2:

Indexseite/Index page of: www.agem-ethnomedizin.de – English version (detail from Sept. 30, 2014).

Die letzten Hefte/The last issues:

Curare 36(2013)1+2: Medizinethnologische Diskurse um Körpermodifikationen im interdisziplinären Arbeitsfeld Ethnologie und Medizin (Body Modification and Medical Anthropology)

Curare 36(2013)3: Gesundheit und Öffentlichkeit: Medizinethnologische Perspektiven (Health and the Public)

Curare 36(2013)4: Psychologische Dimensionen in der Medizinethnologie I

Curare 37(2014)1: Psychologische Dimensionen in der Medizinethnologie II: Tiefenpsychologische Perspektiven (Depth Psychology and Medical Anthropology)

Die nächsten Hefte/The forthcoming issues:

Curare 37(2014)3: Beiträge aus der Ethnobotanik zur Medizinethnologie (Ethnobotanical Contributions to Medical Anthropology)

Curare 37(2014)4: AGEM und 50 Jahre „Interdisziplinäres Arbeitsfeld Ethnologie & Medizin“ (AGEM looking at 5 decennia of interdisciplinary discourses in anthropology and medicine)

Curare 38(2015)1+2: Selbstreflexion im Kontext medizinethnologischer Langzeitfeldforschung (Self-reflection in the Context of Long-term Field Research in Medical Anthropology)

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On the Encounter of Medical Anthropology and Public Health. Editorial

EKKEHARD SCHRÖDER

AGEM (Arbeitsgemeinschaft Ethnomedizin) is a German association of medical anthropology, which seeks to enhance in this journal the studies of the so-called ethno-medicines as well as of human ecology and of medical sociology. In this issue we draw the accent on the **folk sector**¹ as we seek to gain a deeper understanding between the various popular ways of dealing with health and illness, which often are interfering with scholarly persecuted medical systems. And we do not only focus on the biomedical model and its global dynamics, but refer to all other complex medical systems in history and presence with different legal statuses and cultural acceptances. The result is a remarkable variety of different “public health systems” and concepts. Medical anthropology can look at these and often compare them, but frequently the medical anthropologist is also part of them. The classical concept of medical pluralism and the actor-network theory e. g. offer a frame to analyze the manifold encounters of laymen’s ways to cope with health problems, traditional healing, governmental legal interventions and of human actors on the margins between and within these fields.

The contributions in this issue show this variety in generating public health systems as well as the toughness of traditions in the so-called traditional and popular sectors. In the case of the analyzed vocation narrative of a diviner-healer from South-west Madagascar, his story reveals a struggle between two sources of magico-religious power: the ancestral cult and Christianity (see GABRIEL LEFÈVRE, pp. 139–155). The potential conflicts between governmental strategies of legislation and his way of healing is not a crucial point for legal interventions. The conflict is more an intrapersonal one, and co-existence of different concepts is found.

A completely different scenario is presented by ALICE DESCLAUX (pp. 131–138) in her study of cosmopolitan remedies, which are distributed through multi-level network companies in countries such as Senegal. She points out, that firms use technologies, concepts and symbolic references of biomedicine to develop a field of activities with a private aim relying on an entrepreneurial model, which is beyond control of the biomedical institutions. The declaration of these as medicinal or as non-medicinal by the different stakeholders in the field leads to an encounter

with official public health goals as well as to hidden or open confrontations.²

GEORG WINTERBERGER (pp. 121–130) suggests in a local hospital ethnography the importance of more differentiation, if one approaches to public health problems with an emic view. He argues, that affordable and less time-consuming health care providers should be distinguished from more expensive ones, instead of distinguishing between health care providers of the folk sector (e. g. traditional healer) and the one’s of the professional sector (e. g. health centers and hospitals) as commonly done in literature.

The medical anthropologist, deeply involved in the public health sector alongside with the American tradition of applied medical anthropology, is demonstrated by the self-reflective conclusions on a program where street and community outreach were carried out in order to increase African American recruitment, especially among lower income persons, into HIV vaccine trial research. The authors DOUGLAS FELDMAN, IRENE KETONEN and colleagues (pp. 113–120) found, that their “evaluation program shows a very strong mistrust, contempt, anger, and resentment toward the medical establishment within at least the lower income segment of the African American community [...]. Street and community outreach is generally an excellent method in recruiting participants into clinical research. However, when the level of hostility and anger toward the medical and government establishment is as high as we found it among lower income African Americans, its success is certainly not assured.”

I refer to my earlier statement that all complex medical systems in history and presence with different legal statuses and cultural acceptances should be taken into account to show the encounters of legal health politics with the real existing medical landscapes. KATHARINA SABERNIG (pp. 100–112), a historian of Tibetan medicine, proves this in a subtle study of the development of changes in written texts from a famous doctor of the 17th century, which are closely connected with changes in public disputes. Although here the “public” is a highly educated small sector of the society, the dynamics of solution finding was more a question of legal power than of pure science of competitive schools of medical thinkers.

Starting the presentation of the articles from the last to the first one, the reader finds a text written in



Tullio Seppilli, 3rd March 2005
(Fotos by Ekkehard Schröder)

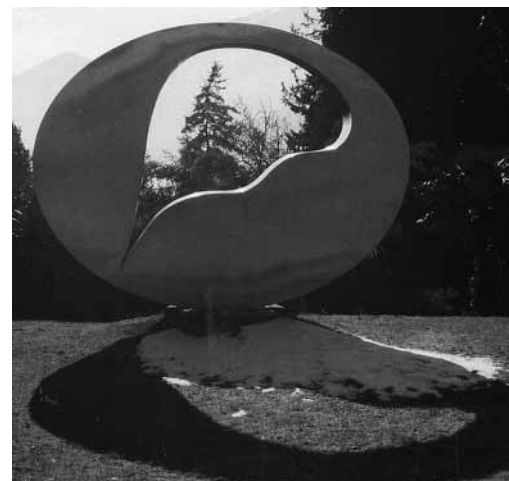
French at the beginning of the issue. In earlier years *Curare* published in three languages; today we decided to do it once more in honor of TULLIO SEPELLI, the Italian founder of medical anthropology made in Italy, in the language, in which he mostly liked to communicate with non-Italian speakers. This act of courtesy stands a bit for the theme in this issue: to look at the differences between national health politics, the different traditions of theoretical discourse, the different ways of planning and managing research and acting in several leading languages, which sometimes makes the mutual translation of special terms so difficult.

In the late 1980s the idea of that diversity was taken up in Hamburg by a conference titled: “Anthropologies of Medicine: A Colloquium on Western European and North American Perspectives.”³ JOSEP COMELLES from Tarragona University, Spain, and collaborators visited Tullio Seppilli in Perugia early in 2014, to learn from him the Italian tradition of a “medical anthropology at home,” a medical anthropology, which was created in the years after the Second World War as political commitment of doctors and anthropologists for opening a collaborative space between professional anthropology and health education. Seppilli introduced here a critical dialogue with the new strategies of the 1950th, defined by the WHO for health interventions in dependent countries (pp. 85–99). I hope that the article soon will find a way to be translated into English.

For the first time I met Seppilli 2005 at the famous Monte Verità in Ascona⁴ on an Amades-conference⁵, and again on later Amades-conferences as well as other authors here: Alice Desclaux and Gabriel Lefèvre. 2013 in Tarragona on the EASA-Medical-Anthropology-Meeting, organized by Josep Comelles, I had the chance to meet him and Douglas Feldman. So this issue has some roots in personal encounters. This is a good tradition. In the beginning of EASA, in an interview John Davis postulated the “Europe des anthropologies.”⁶

Notes

1. Defined in AGEM-founding statute of 1970, access: www.agem-ethnomedizin.de
2. Already early discussed in a useful conflict model, see: PAUL U. UNSCHULD 1976. Western Medicine and Traditional Healing Systems: Competition, Cooperation or Integration? *Ethics in Science and Medicine* 3: 1–20.
3. BEATRIX PFELEDERER & GILLES BIBEAU (Eds) 1991. *Anthropologies of Medicine. A Colloquium on West European and North American Perspectives. Curare-Sonderband 7*. Braunschweig: Vieweg, 275 pp., ISBN 3-528-07820-0 (still available if you write to me).
4. The Monte Verità (literally Hill of Truth) is a hill in Ascona, which has served as the site of the “Lebensreform” movement, and different international cultural events and communities since the beginning of the 20th century. A detailed description of the remarkable history as place of important international encounters is found in the English and German Wikipedia.
5. A.M.A.D.E.S (Anthropologie médicale appliquée au développement et à la santé), the Medical Anthropological Association of the French speaking world, which was initiated mainly by Jean Benoist in Aix-en-Provence, who served in Ascona 2005 as senior head.
6. Interview with John Davis: “For a Europe of anthropologies,” in *EASA Newsletter* 9, 1994, pp. 6–7.



A sculpture of Hans Arp 1962: *Roue Oriflamme/ Goldflammendes Rad* 1962)⁴ at Monte Verità, Ascona

