

## Episode 4: Planning for the Next Pandemic with Hannah Brown

Lucie McNeil:

We all love stories, stories about ourselves, about how we live and what the future might hold. We know that's why lots of people, myself included, just love being part of book festivals to explore the story behind that individual's unbelievable way of thinking up a book right there up close, to try to understand a different way of looking, of being from a different seat.

This is what anthropologists do too, listening, learning, and holding a multiverse of other people's stories so that we can question often entrenched perspectives and think again, because we're still very new here on the planet. Anthropologists help us understand where our present day conditioning comes from to loosen its grip a little bit.

So we took a tea break or two over summer in Durham University, one of the largest anthropology departments in the UK with six of their researchers. Researchers who are on vastly different journeys to understand many different groups and individuals' ways of being. Their stories can help us think about how we live now and next.

Hannah Brown:

What I love about anthropology is that it opens up your thinking, it opens up your world. It offered me, I was 20 when I started studying anthropology, and I was blown away by the discipline. I did a degree in social anthropology at Manchester, and suddenly I was able to ask questions about how I saw the world. That completely transformed my understanding, my sensibility, my thinking about what it means to be a human being. And I think anthropology is a really human-centric discipline.

I mean, it's in the title, but what I mean is that it takes human beings seriously. It asks, how do other people understand the world? What matters to them? And what can we learn by really, really taking seriously other ways of understanding and knowing the world? And when we do that, we have to rethink who we are, how we understand the world, what matters to us. And for me, that was a completely transformative thing that happened to me. And that was it. I was hooked. And that's been it. Anthropology all the way forward.

Lucie McNeil:

Hannah Brown's work explores epidemic diseases and how people respond to them in Sub-Saharan Africa. She's thinking about how families and communities manage caring responsibilities for sick people and how to manage a future with the threats of newly emerging diseases.

Hannah Brown:

I'm Hannah Brown. I'm a professor of anthropology and most of my field work has been done in Sub-Saharan Africa, where I've worked primarily in Kenya and Sierra Leone.

Lucie McNeil:

Hi, Hannah. Thank you for joining us this morning. So we want to dive straight in. Can you tell me about the work that you do, and particularly, I know that you've been looking at work with regard to pandemics.

Hannah Brown:

Most of my work has looked at how people respond to epidemic diseases in Sub-Saharan Africa in different ways. So I'm interested in what happens, I suppose, when a disease like HIV or Ebola arrives in

## Episode 4: Planning for the Next Pandemic with Hannah Brown

a community. How do people respond? So what's happening in families, what's happening in communities, how do people change the way they're living their everyday lives, and also what happens in institutions. So what do health workers do?

How do they change their everyday practices of caregiving in hospitals? How do institutions respond? And another thing that I've worked quite a lot on is what happens when all the money and the resources and the attention of a kind of globalized economy of health intervention arrives on the ground in communities where there aren't a lot of resources and suddenly there's a big influx of people and money and four wheel drive vehicles driving around.

How do people respond to those kinds of interventions? And what can we learn by studying the kind of interactions between different communities, different groups of people with different interests and different stakes in what's going on and what's happening in those interactions?

Lucie McNeil:

Yes, because presumably you're in the middle of what I know you call deep hanging out when something like this might happen, and there's a sensibility that changes, right? When those sorts of interventionist procedures have to occur. But how do you, I suppose, record, observe what is happening? How do you then translate that into your projects?

Hannah Brown:

So the way that I go about my research, as you said, you can think about it as a kind of deep hanging out. We use a research method in anthropology called ethnography. That's the main research method that I use. And ethnography is based on the principle that we as researchers shouldn't arrive in the field thinking we know too much about going on. We going to do field work to learn from other people about how they live their lives, how they see things.

And we do that by spending time with them, by observing what's going on and participating in their lives. So sometimes ethnography is also called participant observation. So in an epidemic scenario, this can happen in a number of different ways. Some epidemics like the HIV epidemic lasted and is still going on in Sub-Saharan Africa, although it's not as severe as it once was because of the availability of treatment and so on.

But that wasn't a short term kind of thing. But if you're looking at something like Ebola, you're really talking about a sudden kind of change in temporalities and practices. I suppose a bit like what happened to us with COVID, suddenly there's this really big change in kind of actually how people can live their lives, what's going on in terms of health systems, interventions and so on.

So all of those things kind of shape what you might do as a researcher, but they're all based on this principle of, "Okay, let's see actually what people are doing, how they're responding, and let's find out what we can learn from other people that might help us understand how better to respond to this disease."

Lucie McNeil:

Can you give me an example of a week or a month where you are in one project and how you're carrying that out? Who are you with? How are you observing? What are you thinking about as you're watching?

Hannah Brown:

Okay. So yeah, so I was recently doing some field work in Kenya, in Western Kenya in a city called Kisumu that's quite near the border with Uganda. And it just happened that while I was there working

#### Episode 4: Planning for the Next Pandemic with Hannah Brown

on another project, there was an outbreak of Ebola in Uganda. And I was asked to contribute to writing a brief about how the Kenyan health community were getting ready for preparing themselves should the Ebola cases come across the border.

And what's important to know about the border between Uganda and Kenya is that there's lots and lots of traffic coming through, trucks that travel across the continent and also between communities that live across the border. Many, like families. I mean, in a sense the border was an invention of colonialism and lots of communities live, work and trade across this border region. So a lot of people in Kenya were really worried because the cases of Ebola actually got quite close to the border region.

So building on kind of long-term ethnographic experience, I was able to use that kind of preexisting knowledge of how people live in that region, how health systems work. And then at the same time, I started doing some more kind of rapid ethnographic field work. I was ringing people up, I was finding out how many ambulances are working in different places. I went to visit a newly opened emergency operation center in Kisumu.

And by stitching together this long-term involvement in the region and a really deep knowledge of what's important to people, how people live, how the economy works, how transport works, and how the health system works alongside this more up-to-date information that I was able to access actually, because I've got good relationships with health workers and other people who work there. I worked with a colleague and we produced what I think is a really useful piece of information that's then going to be used, had the potential to be used by responders should the epidemic kind of cross the border. I felt really proud of that piece of work.

Lucie McNeil:

That's super. And I know you've been working as well with farmers and hunters, and you talk about the really intense implications that there are with their work, particularly with bush, thinking about bushmeat and the trade of bushmeat.

Hannah Brown:

Yeah, this is something that's a kind of growing area of interest for me is the relationship between what we sometimes call in anthropology, multi-species lives, how people and their interactions with animals are shaping possibilities or the kinds of implications that they have for health and wellbeing. And in my current project, we've been looking both at farming and at hunting, and both of these practices in Sub-Saharan Africa have really important implications for health and wellbeing.

When we're talking about farming, there's concerns about intensification. In the part of Kenya where I work, farming practices have really changed. People used to let their animals graze and free range across villages and towns, but there's really increased pressure on land and they can't do that anymore. And people are keeping animals in really quite confined areas. And obviously in order to do that, then they have to use more antibiotics, they have to give them more medicines or the rest of it.

So these processes of intensification are really raising important issues around questions of health and wellbeing. And then on the other side, when we look at hunting, there's concerns obviously about environmental degradation, about killing too many, killing endangered species. And there's also a lot of concerns, particularly in West Africa about the zoonotic interface, which means the possibility that people are going to get infectious diseases from animals and then those infections will transfer onto humans, which is of course what happened in COVID, how Ebola started.

And it's really a big concern when we're thinking about kind of future pandemics. So in both those cases, anthropology I think has two things to offer. It tells us a lot about, empirically about this, the landscape

#### Episode 4: Planning for the Next Pandemic with Hannah Brown

of practices. It helps us understand what is actually going on, why people are doing the things that they do, what hunters actually do when they go out to look for animals, which kind of animals are they hunting.

How do they handle the meat? What happens when they take it to market and try and sell it? Who's touching it? Who's getting blood on their hands? Literally anthropology can help us find that out. And that's actually really important information for public health. Similarly, when it comes to farming, how are people caring for their animals? Where do they get their medicines? Are they actually overusing antibiotics?

What kind of priorities do people have in terms of animal care on the ground? But the other thing that's really important and useful about anthropology is it doesn't just give us a new empirical, kind of more empirical insights, it also helps us to reframe the kinds of questions that people are asking and helps us to see problems in new ways. So I'll give another example that comes from an earlier bit of research. I spent a lot of time in Sierra Leone working on a disease called Lassa fever.

Lassa fever is quite similar to Ebola in terms of its symptoms. And lots of people think it's a candidate for a future pandemic. So this is a disease to watch out for. Lassa fever's spread by rodents, these small, quite cute looking little brown mice that are really common in households in rural West Africa. And we've known for a long time that people hunt rodents.

But there was always this assumption in public health literature that hunting was something that was done by men, and then women were the ones who were cutting up the rodents and preparing them for food. And basically when we did our field work, what we found out was something different was going on, that actually it was often children who were hunting these rodents. And not only was it children who were hunting them, but they were also often doing it in secret.

And the reason being was that they would go off and play and catching these rodents was fun. And then if they cooked and ate them away from their parents, they got to eat up the whole thing. So if the parents knew that they'd been catching rodents, they would want to kind of share them out with the whole family. So we heard all these stories about kids going off into the bush, making little fires, cooking rats on sticks. And it was a bit like, oh my goodness, this as a kind of disease interface, this is really kind of quite worrying.

Because I don't know about you, but if I can imagine my sort of seven year old trying to cook a rodent, I don't think they're going to do a very good job making sure it's thoroughly cooked and safe for consumption and all the rest of it. So but joking aside, I think that's a really good example actually of how hanging out with people and seeing how they live their lives gives a different understanding of disease dynamics and the potential for pathogens to spread that actually can be useful for thinking about different ways of responding to disease, different strategies of public health.

Lucie McNeil:

That was a brilliant answer, and it also put me in mind of your other example about how it can yield some blind spots when you talked about your colleague, Annie Wilkinson. Do you want to just share how the application of the research in its own way could yield some challenges?

Hannah Brown:

So yeah. As I was saying, one of the things that I've been interested in for a long time is what happens when you get a lot of money and resources suddenly arriving in poor communities as part of the response to diseases. And in a recent book, which I've just finished writing with two colleagues. You mentioned Annie Wilkinson and the other one's Almudena Mari Saez

## Episode 4: Planning for the Next Pandemic with Hannah Brown

We've sought to think about the kinds of blind spot that often emerge when these scientific and humanitarian interventions hit the ground in communities where people may have priorities that are quite different from those of the international workers. So to take one example from that book, my colleague Annie Wilkinson, spent a year working in what was called the Lassa Laboratory, where scientists, many of them international scientists, were trying to develop a better laboratory test for Lassa fever, the same rodent borne disease that I already mentioned.

So these scientists had spent months recalibrating their processes, trying to make this more specific test work, and eventually they did develop a more accurate test for the virus. And this test was then immediately rolled out in the hospital where the lab was based. But there was a big problem. Suddenly lots of people who had previously had Lassa fever suddenly didn't have it anymore, but nobody knew actually what they did have.

So all of these people who previously would've had free treatment, free hospital-based care and medicine for Lassa fever suddenly told, "Oh no, actually you don't have Lassa fever." But there was nothing to fill that gap, nothing to say, "We think you might have this, we can still support you in this way." And these people were literally left to fend for themselves, to find money to pay for the hospital admissions, which are really expensive for people in West Africa.

So inadvertently, the scientists had created this really problematic clinical blind spot around kind of other kinds of febrile illnesses that the clinical staff in the hospital now no longer knew really how to respond to. And in our book, what we're doing is really making the case of working together more collaboratively across different communities and interest groups so that we can draw from the perspectives of different groups and minimize these kinds of blind spots as they happen when resources get delivered.

Lucie McNeil:

And what's the book called? Just remind me.

Hannah Brown:

It's called *Blind Spots in Global Health: Lassa Fever Science and Disease in West Africa*. But it's not out yet. We're trying to get it published.

Lucie McNeil:

So and then just bringing a background personally to you, how did you get into anthropology as a kid yourself, Hannah?

Hannah Brown:

What I love about anthropology is that it opens up your thinking, it opens up your world. It offered me, I was 20 when I started studying anthropology, and I was blown away by the discipline. I did a degree in social anthropology at Manchester, and suddenly I was able to ask questions about how I saw the world. That completely transformed my understanding, my sensibility, my thinking about what it means to be a human being. And I think anthropology is a really human-centric discipline.

I mean, it's in the title, but what I mean is that it takes human beings seriously. It asks, how do other people understand the world? What matters to them? And what can we learn by really, really taking seriously other ways of understanding and knowing the world? And when we do that, we have to rethink who we are, how we understand the world, what matters to us. And for me, that was a

#### **Episode 4: Planning for the Next Pandemic with Hannah Brown**

completely transformative thing that happened to me. And that was it. I was hooked. And that's been it. Anthropology all the way forward.

Lucie McNeil:

This is the best answer genuinely. I can feel your passion coming through for the subject because it's not something learned at all. It was something that was just in you. And I mean, I feel that way about anthropology too, and I don't have a degree in it, but that I do feel that way about finding all these different ways of learning. And your judgment, the judgment piece of you gets taken away and it's such a wonderful way to start to navigate the world. It changes everything like you say it. And I loved the way you said that, so thank you.