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– Alicia YAMIN, Harvard Law School, Boston

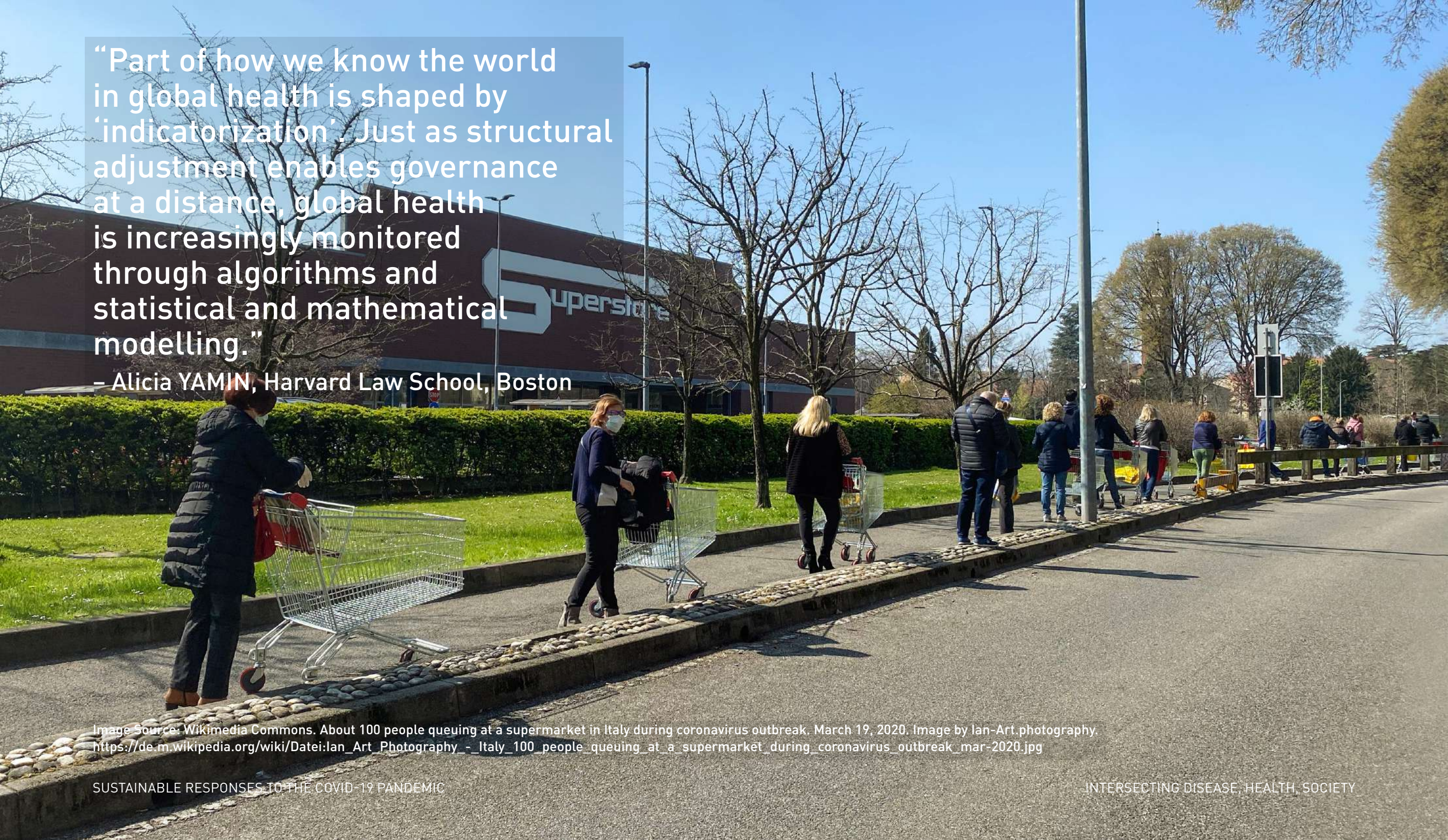


Image Source: Wikimedia Commons. About 100 people queuing at a supermarket in Italy during coronavirus outbreak. March 19, 2020. Image by Ian-Art.photography.
https://de.m.wikipedia.org/wiki/Datei:Ian_Art_Photography_-_Italy_100_people_queuing_at_a_supermarket_during_coronavirus_outbreak_mar-2020.jpg



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From health to political economy: ‘how we know what we know’ and why Intersecting matters now ¹

As Yuval Noah Harari suggests, stories shape our understanding of the world and our place in it.² When we realize that, we can change how we allegorize the world, which is a hopeful message in the current time of crisis. My starting point is that the intertwined economic, social, political, and ecological crises that we face stem from a globalized, neoliberal, financialized form of capitalism, which is not just an economic system. It is, rather, an entire institutionalized social order, with ancillary conditions that sustain it, including, for example, the extractive relationship with our natural world and the extractive relationship with low wage workers and the unpaid care work that directly relates to gender inequality. Our current institutionalized social order is simply not compatible with a social and international order that allows everybody to enjoy the rights and the Universal Declaration of Human Rights, as called for in article 28 in that Declaration.

As a human rights advocate, I understand the concept of dignity in relational, dialectical terms, whether based on notions of Kantian deontology, or Ubuntu, or any of a host of other religious and philosophical traditions. One of the problems with the institutionalized social order that we find ourselves in, is precisely that it in some cases severs, and in some cases obscures the relationships of mutually humanizing interaction among diverse people, and between humans and the natural world. The interlocking structures of power based on colonialism, neoliberalism and patriarchy not only shape political economies, at national and global levels. They also structure representation of the world and ‘how we know what we know’. And that ‘how we know what we know’ is generally untethered from history—for example, from colonialism’s extractivist and exploitative history--and abstracted from social context. Such a fragmentation of our realities and knowledges perpetuates a feelings of apathy and cynicism among many, and inhibits collective action for change. Knowledge fragmentation also favors the a certain kind of technocratization of political economy and expertise based-policy making, and in turn nurtures an appetite for violent contestations to this version of modernity—whether from Trumpian populists or extreme religious movements elsewhere.

Within health, it contributes to emphasize the role of medicalization and biotechnology, divorced from the social and material context in which health is experienced. This is nothing new though, as the advent of anatomy and

dissection in the 16th Century and the development of experimentation with and deployment of chemistry especially 19th Century has largely shaped how Western science and medicine has struggled to dominate both the natural world and our understanding of disease in physical bodies.

In the context of global health, for example, the SARS-Cov-2 virus itself is still being treated as the main protagonist, many months after this wrenching pandemic saga began. The causes of the Covid-19 as a major pandemic crisis in interrelation to social contexts, and the pandemic of inequality that Covid revealed, are still marginalized in mainstream political—and scientific discourse. This reflects a larger epistemic framework in global health which long predates Covid. That is, the modern scientific method is largely based on very specialized technical expertise and studies designed to abstract questions from social contexts to analyze causation. For example, randomized control trials are the gold standard for producing evidence in public health and clinical medicine. Just as in economics, we displace what are called ‘externalities’, in public health, we call them ‘confounding variables’ which are then controlled for.

To be clear: this kind of knowledge is critically important. These studies allow for standardization of dosing, for example, such as in the US pharmacopoeia where standard dosing and testing of medications are extremely important to effective treatment. The importance of such a way of know-

ing the world cannot be discarded, all the more as it has contributed enormously to human flourishing in the development of vaccine solutions against the SARS-COV-2 virus. However, the exclusive dominion of this particular kind of knowledge means dismissing or discounting all other ways of knowing the world although people experience health and ill health in social contexts that are shaped by historical and socio-economic and cultural variables, as well as legal and institutional determinants. We’ve seen the wildly differing impacts of Covid between countries and within countries, and yet these issues tend to be treated as after-thoughts regarding ‘equity’. As a consequence, it makes us focus on a very, very narrow slice of causation, hampering our collective ability to cope with the multiple problems that we face today and leaving policymakers to manage levels of inequity, as opposed to addressing root causes.

For example, Covid struck a world in which health systems had been underfunded and social protections had been hollowed out for decades. The narrow focus on medical and technical solutions makes for feeble proposed responses that are likely to be unfruitful. For example increasing disease surveillance as part of ‘pandemic preparedness’. Why not instead use this inflection point to prioritize health systems that are universal, adequately-funded and resilient as integral parts of more egalitarian social orders? Quality and accessible primary health care has been the cornerstone of effective response during this pandemic—and it will be in any future pandemic. Of course, doing

so requires adequate material resources, supply chains and referral systems, and the like—and perhaps above all trained health workers who are not cogs in a technocratic apparatus but are treated with rights and dignity.³

Part of how we know the world in global health is shaped by ‘indicatorization’. Just as structural adjustment enables governance at a distance the World Bank and the International Monetary Fund through measuring inflation and interest rates, and other macroeconomic indicators, global health is increasingly monitored through algorithms and statistical and mathematical modelling, for example from the Institute for Health Metrics and Evaluation (IHME) in Washington DC. This health policy-making is not only fundamentally anti-democratic. The core of democracy—as well as rights—de is that the people who are governed can demand that decisions and policies are justified. Governance by indicators and inscrutable algorithms exiles questions about the rationales for decision-making and the ability to appeal those rationales from democratic space. In Covid, we’ve seen this conversion of political questions into ‘technical’ questions in spades : cloaked in an aura of apolitical ‘scientificity’ in a context of generalized fear, prescriptions based on algorithms and modelling have been insulated from normal democratic deliberation as states increasingly drift toward autocracy.⁴ But more broadly, measuring the state of health this way also eludes a whole number of questions about what is actually happening, who is benefiting or facing uncertainties of different forms on the proverbial ground.

What might be alternatives to technocratic paradigms for the uses and applications of knowledge proposed and advocated by many academic and global governance institutions as well as philanthropic organizations, such as the Gates Foundation? I fully concur with the philosopher of science, Sheila Jasanoff, when she argues for what she calls the ‘technologies of humility’ in contrast to the ‘technologies of hubris’ that have insulated technical expertise from democratic scrutiny. “These are methods, or better yet institutionalized habits of thought, that try to come to grips with the ragged fringes of human understanding – the unknown, the uncertain, the ambiguous, and the uncontrollable. Acknowledging the limits of prediction and control, technologies of humility confront ‘head-on’ the accountability, plurality and integrity of the expertise used”.⁵

Indigenous forms of knowledge which are of course very diverse but generally far more grounded in human relationship with the natural world, as opposed to domination of it, offer critical lessons on ways of understanding well-being in all its intersectionality. Other qualitative forms of knowledge that are grounded in specific contexts and realities, are also undervalued in the way we analyze problems and design solutions. In the field of human rights, we have tried to develop different kinds of methodologies, different ways of tracking associations (or, intersections) and tracing plausible understandings of causation that do not extract the so-called confounding variables, but seek to understand how those variables are actually critical to understanding

effective enjoyment of rights in practice. I'll be candid; those methods have not gained great traction because they are not "scaleable." On the contrary, there is in my view a depressing trend toward indicatorization of 'rights fulfillment'. The Covid-19 pandemic crisis presents an opportunity—and an imperative-- for seriously re-evaluating existing models and approaches concerning the roles of technical experts and the kinds of knowledge that we value for making decisions in health, and for assessing the state of the world more broadly.

There is a crucial role for academic institutions in shifting to knowledges based on intersection. It is extraordinarily challenging to conduct intersecting research much less find funding for and build networks based on horizontal relations across fields, and countries, including with non-academic community-based partners.

Virtually all of our educational institutions are built around certain orthodoxies, where promotion is based on publishing in certain journals and using prescribed methodological techniques. In the past, 'intersectional' work has usually meant that one discipline was dominating, which certainly produced rewarding results, but was also deeply challenging (and often exploitative) --and limited. Today, we do not need so much purely academic interdisciplinary approaches, but bold intersections across academic research, think tanks, policy-making, and community-based organizations., and we need new incentive systems and reward to

effectively support that work—as well as broader system change.

This may be challenging but it is possible. When comparing my teaching experience at Harvard TH Chan School of Public Health and Harvard Law School, it is clear that colleagues—and in turn the future members of these academic tribes-- speak very different languages, and are taught to think in very different ways. Even within the law, there are deep differences in legal theory and legal thought and the perspective on international law between South America and the United States, for example. I know from personal experience that those differences can lead to fruitful discussions among open-minded and generous -spirited people, allowing intersecting of knowledge to take shape and grow. But it does require a commitment to intersecting in practice, to a kind of 'radical hospitality' to the other—other people, with whom we share a common humanity, other perspectives, other life beyond the human race.

We are at the very beginning of developing new ways of knowing the world—or rescuing old ways, such as from indigenous traditions. But rejecting the sort of rigid fragmentation of knowledge among disciplines is absolutely essential if we hope to break away from the acceptance of our current institutionalized social order—with all of its pathogenic effects—as 'just the way things are.' And I am convinced that we need not have a fixed model of what those new architectures of knowledge are; social

change in times of radical transition in our societies, economies, the environment, is a matter of iterative sequencing. As Amartya Sen notes, “As competent human beings, we cannot shirk the task of judging how things are and what needs to be done. As reflective creatures, we have the ability to contemplate the lives of others [and] the miseries that we see around us and that lie within our power to help remedy. [...] It is not so much a matter of having exact rules about how precisely we ought to behave, as of recognizing the relevance of our shared humanity in making the choices we face.”⁶

1. Many of the ideas presented draw on my previous work, including *When Misfortune Becomes Injustice: Evolving Human Rights Struggles for Health and Social Equality* (2020).
2. Yuval Noah Harari, *Sapiens: A Brief History of Humankind* (2015).
3. Alicia Ely Yamin & Paul E Farmer, *Against nihilism: transformative human rights praxis for the future of global health, open global rights* (2021). <https://www.openglobalrights.org/against-nihilism-transformative-human-rights-praxis-for-the-future-of-global-health/>
4. Eugene Richardson, *Epidemic Illusions: On the Coloniality of Global Public Health* (2020), p. 120.
5. Shelia Jasanoff, *Science and Public Reason* (2012), p. 170.
6. Amartya Sen, *Development as Freedom* (2001), pp. 282-83.