

# NEWS

**This is a challenging time. Never has the study of global health and social medicine been more relevant or important than it is today, as the COVID-19 pandemic continues to radically shape our lives and raise critical questions.**

See our COVID-19 round up in this issue for more details on all the research and expert commentary from our academics over these past few months, including **WORLD: we got this** podcast and essay series, hosted by the School of Global Affairs, and an influential report **Learning the right lessons for the next pandemic** by Professor Mauricio Avendano and Dr Ann Kelly together with Professor Christoph Meyer and Dr Nikki Ikani from the Department of European and International Studies.

Our experts have been in the news, with Dr Carlo Caduff quoted in the **Washington Post**; Dr Filippa Lentzos interviewed on Channel 4 about **why a credible investigation is needed to determine the origin of COVID-19**; Professor Anne Pollock published in the **Independent** about the inequalities that shape lived experiences during a pandemic; and Dr Ludovico Carrino and Professors Mauricio Avendano and Karen Glaser published in The Guardian and The Independent on the **harmful mental health consequences of rising state pension age** amongst women working in physically and psychosocially demanding jobs. Professor Anne Pollock and artist Nina Wakeford have also been involved with the Science Gallery in London's exhibition exploring ideas of gender (**Genders: Shaping and Breaking the Binary**).

We recognise that many of our staff and students have been affected by the outrageous killing of George Floyd in the United States, which has caused anger and sparked numerous protests. It is important to state that our department is fully committed to creating an inclusive, diverse and collegiate environment.

We should all challenge and condemn systemic racism or any other form of discriminatory and intolerant behaviour, and foster anti-racism at every opportunity.

We are forming a working group to address three key areas in our department: 1) diversity amongst our staff, 2) black and ethnic minority attainment gaps amongst our students, and 3) decolonising the curriculum. Our student BAME Committee share their report in this newsletter. Our Student Engagement Officer, with the School Equality, Diversity and Inclusion team, has also created a **KEATS page** with suggested resources on racism and anti-racism.

Finally, we are preparing for flexible teaching in the coming academic year. We know that regular interaction and discussion with our expert teaching staff – with individual support for each student – is what matters most to our students, and this will continue to be at the heart of our educational provision. At least for the first semester, online teaching will take place where we cannot guarantee safe distancing, including teaching in larger groups such as lectures. You can still expect interactive and engaging modules led by world leading academics, and a warm and supportive atmosphere.

We look forward to welcoming all our returning students along with those who will be joining us as new students.



**Karen Glaser**  
Professor of  
Gerontology  
and GHSM  
Department Head

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## Editorial appointment for Dr Silvia Camporesi

Dr Silvia Camporesi has been appointed founding section editor in the capacity 'Reproductive Technology and Society (RTS)' for *Reproductive Biomedicine Online* (RBMO) as of May 2020. With an impact factor of 2.93 (2019), RBMO is one of the leading journals in the field of reproductive biomedicine and assisted reproductive technologies.



# First year students visit *Misbehaving Bodies* at the Wellcome Trust

**‘Everyone who is born holds dual citizenship in the kingdom of the well and the kingdom of the sick. Although we all prefer to use only the good passport, sooner or later each of us is obliged, at least for a spell, to identify ourselves as citizens of that other place.’**

This quote by Susan Sontag (1978) opened the Wellcome Collection’s Exhibition *Misbehaving Bodies*, which Global Health & Social Medicine first year undergraduates visited with Dr Nele Jensen during their term 2 introductory session for the ‘Introduction to Social Medicine’ module.

The exhibition brought together works by artists Jo Spence and Oreet Ashery, who explore the lived experience of illness and the politics of biomedical care. Students were especially encouraged to engage with the work of photographer Spence, whose featured work

from the 1980s documents her own diagnosis of breast cancer and defiant pathway through the healthcare system.

The aim was to think about some of the key themes that they later explored in class – prominent critiques of biomedicine that emerged in the 1970s/80s, illness experiences, the ‘medical gaze’, ideas of the ‘normal’ body, biomedicine’s struggle with difference, healthcare activism – in a different context, and to be activated by the way the artists use their works to reflect on health as ‘more than a medical matter.’





## NEGATIVE HEALTH IMPLICATIONS OF INCREASES TO THE STATE PENSION AGE

**A new study published in the journal *Health Economics* by Dr Ludovico Carrino, Professor Karen Glaser and Professor Mauricio Avendano finds negative health implications of increases to the State Pension age (SPA) in Britain from age 60 up to age 66 for women born after March 1950.**

**T**hese results have gained considerable media attention, with coverage on *The Independent*, *The Guardian* and the *Express*.

The paper, 'Later retirement, job strain and health: evidence from the new State Pension age in the UK', the first study of its kind, employs UK survey data to show that rises in SPA have led to a 30% increase in the probability of depressive symptoms amongst women working in physically and psychosocially demanding jobs. These are jobs characterised by low control combined with high job demands, which include

housekeeping and restaurant services, personal care, sales, cleaning and machine operation.

The findings raise concerns about the harmful mental health effects for women in physically and psychosocially strenuous jobs, and the potential health costs of recent pension policy reforms. The authors claim that, even if such reforms are needed to address the sustainability of pension systems, it is also important to consider how they may have unintended consequences for health inequalities. [Continue reading...](#)

## Tessa Holzman publishes her dissertation in the *Journal of Bioethical Inquiry*

This article by former Bioethics & Society student Tessa is based on her master's dissertation, which was awarded the best dissertation in Bioethics & Society in 2017–18.

The article is titled 'The Final Act; An Ethical Analysis of Pia Dijkstra's Euthanasia for a Completed Life'.

**Josephine Tapper (Medicine, Health & Public Policy MSc) appointed to the newly formed NHS England/Improvement Valproate Drug Safety Implementation Group**



Valproate is used to treat epilepsy, bipolar and migraine but has a significant teratogenic profile. Of those children exposed to the drug in the womb, 10% are at risk of congenital malformations and 30–40% of serious developmental disorders. Subsequent to the European Medicines Agency (EMA) and UK Medicines and Healthcare Products Regulatory Agency's (MHRA) reviews in 2018, valproate is now contraindicated in girls and women of childbearing potential, unless special conditions are met.

The core purpose of the group is to improve regulatory compliance across the healthcare system, consider how best to ensure valproate is only prescribed where no other treatments are available, and identify areas of best clinical practice with potential for scale up. Given valproate's teratogenicity and the harm caused to thousands of families since it was first licensed (UK 1974) there are significant ethical issues, which underpin the more practical aspects of regulatory implementation.

These include designating women with bipolar and epilepsy as vulnerable, their understanding of informed consent and how this may fluctuate, shared decision making and a woman's right to choose versus the rights of the unborn child. Josie sat as a patient member on the EMA's Scientific Advisory Group (SAG) for valproate and bipolar and is a member of the MHRA's valproate stakeholder network. She also works with various teams at King's Health Partners on implementation and quality improvement programmes.

# WORLD: we got this

The **WORLD: we got this** podcast and essay series, hosted by the School of Global Affairs, includes Professor Anne Pollock and Professor Creary (University of Michigan) on racial disparities in COVID-19; Professor Karen Glaser, Professor Mauricio Avendano and Dr Ludovico Carrino on the COVID-19 crisis in UK care homes; Professors Nik Rose and Craig Morgan on

mental health in the time of COVID; Professor Mauricio Avendano and Dr Ann Kelly on the WHO's role in the global pandemic; and Dr Silvia Camporesi, our School Communications Officer and Caitlin Gardiner, an A&E doctor and Bioethics & Society MSc student, on ethical issues raised by the pandemic.



Find out more at: [kcl.ac.uk/worldwegotthis](https://kcl.ac.uk/worldwegotthis)

## 10/66 LIFE2YEARS QUALitative Study (EQUALS): Ensuring older people in Latin America and China are not left behind during the COVID-19 pandemic

**Older people are amongst the most vulnerable groups in societies and this vulnerability is exacerbated during times of crisis.**



Ana Luisa Sosa, Principal Investigator in Mexico, with a 10/66 Dementia Research Group study participant in Mexico (pre-COVID-19)

**O**ur 10/66 Dementia Research Group has tracked the health of older people in urban and rural communities in Latin America and China for more than 15 years. All of the countries in which we work have implemented restrictions in response to the COVID-19 pandemic, with little consideration for how this will impact upon the lives of older people. The third wave of 10/66 quantitative data collection was underway in China, Peru, Mexico, Dominican Republic and Puerto Rico when the COVID-19 pandemic emerged.

Although this work was paused, local Principal Investigators did not want experiences of older people in their communities to go unheard. In EQUALS, we will be carrying out remote qualitative interviews with older people and their families to explore key

aspects of the experience of living through the pandemic: 1) care arrangements; 2) mental health and wellbeing of older people and carers, including managing grief and anxiety related to the pandemic; 3) management of chronic illness; and 4) essential activities and amenities – food, water, transport and exercise.

In addition, we want to understand older people's knowledge of COVID-19 and the sources of information they use to understand the disease and government responses. We have gained ethical approval for this work and pilot interviews are underway. We will publish regular blogs with updates on this study on the 10/66 [website](https://www.1066.org/).

EQUALS is led by Dr Rosie Mayston (Lecturer in Global Health/Deputy Director, King's Global Health Institute).

# What has King's Global Health Institute been doing during the COVID-19 pandemic?

**On Saturday 6 June 2020, our fantastic student Global Health Ambassadors, led by co-chair and Global Health & Social Justice MSc student, Leandra Pinel, hosted #AudioTherapy, an Instagram Live event to raise awareness for their 2020 initiative on mental health.**

**T**o support the global health student community, they brought together an outstanding line up of speakers and musicians from all over the world including Okiem, Ariana Sefre, Alisha Popat, Professor Dixon Chibanda and Carly Wilford. They shared their music in addition to discussing their research on the power of music on our physical and psychological health, particularly with regards to COVID-19. Watch out for future activities: [@kingsglobalhealthinstitute](#) on Instagram.

King's Global Health Institute has also been collating, analysing and disseminating data on cases, hospitalisations and lives lost due to coronavirus in sub-Saharan Africa. We have been documenting the impact of the pandemic and innovations from governments

and communities via our [#COVID\\_SSA mini-site](#) and social media platforms [@KingsGHI](#).

In addition to collation of quantitative data, we've been collecting blogs from King's Global Health Institute partners, friends, alumni and students. Our [blog series](#) details life during the COVID-19 pandemic, with the aim of providing a platform for voices that are not always heard through other media. For example, Dr Leveana Gyimah tells us about her experience of managing the first case of COVID-19 in a psychiatric hospital in Ghana, our King's Global Health Institute Ambassador Rebecca Kyomugisha and her colleague, Dave Ndyanabo, give us a glimpse of life at the start of the epidemic in Uganda.

Let us know if you or someone in your network have experiences of COVID-19 they would like to share: [rosie.mayston@kcl.ac.uk](mailto:rosie.mayston@kcl.ac.uk)

## The ESRC Centre for Society & Mental Health has produced a number of resources which are available on their website.

These include a series of blogs on mobilising communities to address the causes of mental ill health in the COVID-19 response and a [report](#) on the impact of social isolation among disadvantaged and vulnerable groups during public health crises. Following a review of 50 papers, the researchers recommend that targeted and localised studies should be conducted to explicitly assess the effects of the COVID-19 pandemic among the different groups.

## Dr Carlo Caduff has written a paper slated for publication in *Medical Anthropology Quarterly*, available as a preprint, titled 'What Went Wrong: Corona and the World after the Full Stop'.

It discusses the unprecedented global response to COVID-19, how we might begin to diagnose the reasons for this, and why we must insist, more than ever, that another politics of life is possible.

## Dr Silvia Camporesi has written about the realities and trade-offs of the pandemic and lockdown in Italy, as well as trust and vulnerability in the post COVID-19 era.

In her articles in *Aeon* and *IAI news*, she outlines her experience of watching the epidemic take hold in Italy and living with the harsh lockdown imposed by the authorities there. She also highlights the ethical issues the crisis has raised around access to finite healthcare resources, the trade-offs of the lockdown and the effect of social distancing on people's daily lives.

## Dr Michelle Pentecost joined *A Conversation on Disease and Democracy*

with Dr Thomas Cousins (Oxford), Dr Sabina Leonelli (Exeter) and Professor Kaushik Sunder-Rajan (Chicago) in *India Forum*, in which they discussed the varied technocratic and authoritarian responses to COVID-19 seen in different national contexts and what this reveals about democratic accountability in pandemic times.

## Professor Mauricio Avendano and Dr Ann Kelly

with Professor Christoph Meyer and Dr Nikki Ikani (Department of European & International Studies), have published [Learning the right lessons for the next pandemic](#), which calls for a lesson-learning approach into why the UK has one of the world's highest numbers of COVID-19 deaths.

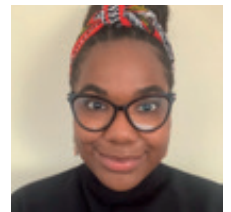
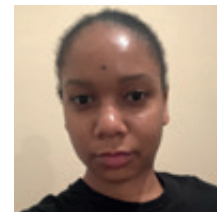
## Students and staff can also sign up to the Global Health & Social Medicine COVID-19 Reading and Discussion Forum on KEATS, which is organised and monitored by Dr Hanna Kienzler.

The forum offers interdisciplinary readings, debates and case studies about the coronavirus outbreak that illuminate how major inequalities in health, medical care, and socioeconomic and structural forces influence the experience of the pandemic in different parts of the world.



# Global Health & Social Medicine Black and Asian Minority Ethnic Committee: 2019–20 report

by **Patricia Jairos** and **Shirley João Do Nascimento** (2nd year)



**'In a world of research that can at times seem to overlook the health issues that primarily affect those from the Global South or a BAME background, attending this event provided me with a refreshing and enlightening insight into a sphere of research, which at times can feel seemingly non-existent. Listening to several BAME academics speak candidly about the dominance of the biomedical model in global health, whilst contextualising it into a Global South and BAME perspective, helped to frame the issue through a lens which felt relatable and inclusive.'**

Nathan Stanley, MSc Medicine, Health & Public policy

**Our Black and Asian Minority Ethnic (BAME) Committee is dedicated to nourishing diversity within the department. For the 2019–20 academic year the committee was led by Shirley Do Nascimento and Patricia Jairos. As a committee, our vision is to play a pro-active role in creating an inclusive, empowering environment where minority students can be heard and thrive in their time at King's College London. The committee was formed in 2018 by Brittney Mengistu (GHSM PhD candidate) after an increasing number of minority students voiced their concerns over the lack of diversity within the curriculum and of representation of BAME staff and students at King's. To tackle this we developed initiatives that aimed to make real, significant changes, by diversifying the learning of BAME students while creating an environment where they feel included to shape and make impactful changes to the global health field.**

**'At BAME everyone was different, but we were all bonded by that same passion to make a difference. I really cherished the conversations and welcoming atmosphere at each event which made networking easier and more meaningful. I particularly enjoyed how BAME is a community and not a society, where discussions of privileges also include us checking our own daily misconceptions and fortunes.'**

Tejal Rayamajhi, 2nd year GHSM

We started the academic year with a meet and greet event at The Vault. Both undergraduates and postgraduates bonded over their lived experiences as minority students and over their enthusiasm to make an impact in global health. Afterwards, we held monthly lunch meetings that provided a safe space for BAME students to voice their concerns and the hurdles they face while navigating their courses and King's as a whole. In this space long overdue conversations surfaced, such as how institutions can still erase minority identities amidst claims of 'internationalisation and diversity'. These meetings showcased a sense of urgency to address issues of race, inclusion and diversity within the department and highlighted the importance of spaces like this to ensure students feel heard and supported as best as possible.

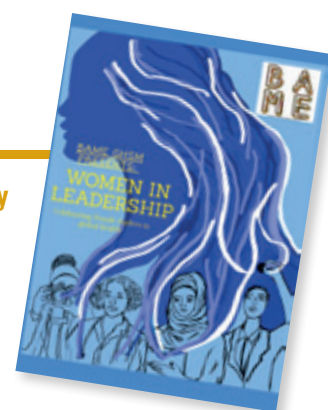
A highlight for the committee was a panel discussion held in December 2019, titled: *Questioning the Dominance of Biomedicine in Global Health*. The panel aimed to inspire conversations on the biomedical model within global health interventions and to question its apolitical and ahistorical nature.

The panel included speakers from diverse backgrounds: Dr Aduragbemi Banke-Thomas (London School of Economics), Professor Anne Pollock (Global Health & Social Medicine), Dr Aula Abbara (Imperial College) and Miss Nkasi Stoll (Kings College London Psychology). The panel offered a Global South analytical perspective often missing in curricula.

We also hosted a Women in Leadership day dedicated to celebrating female leaders in global health. The event was an opportunity for BAME members to hear from women currently working in the global health field – their career difficulties, achievements, concerns and desires. Members had the opportunity to express their feelings, voicing concerns about feeling like the 'other' due to their age, gender and/or race without fearing feeling unequal. This event included discussions on empowering oneself in the workplace, fostering an inclusive environment, overcoming imposter syndrome and being proud of one's achievements. A highlight was the diversity in paths that all the women represented, all motivated by the sheer will of curiosity and wanting to create meaningful social change at whatever cost.

This year also demonstrated how slow change can be; how the need to start conversations about minority challenges are more difficult than expected, as often people prefer to dissociate themselves from racial issues throughout their time at King's. However, the current political climate highlights the relevance of spaces like the BAME Committee. BAME 2019–2020 served as a space for people to further their knowledge, and to seek comfort from the daily tribulations of being a minority student at King's. It was also a place to celebrate one's culture, to laugh at unexpected commonalities between nationalities and to educate one another on differences.

Although cut short due to COVID-19, the BAME Committee still achieved some of its goals for the year. Whilst the path of the next academic year remains uncertain, we hope to continue hosting panel events so that minority students continue to expand their social network and interact with the BAME community at King's and beyond. We also hope to make the BAME Committee a permanent committee, that is actively involved in creating a diverse and inclusive Global Health & Social Medicine department.



To keep up with BAME Committee activities follow us on Instagram: [@bame.ghsm](https://www.instagram.com/bame.ghsm)



# Postcard from the field



by Nick Surawy Stepney (Global Health & Social Medicine PhD candidate)

Since September last year I had been conducting fieldwork in Shimla, a small city nestled in the foothills of the Indian Himalayas. India is the only licit exporter of raw opium in the world, yet few opiates are dispensed in its own hospitals. Working in the city's cancer hospital, I had been investigating the use of morphine in this location. However, from the start of the lockdown in mid-March until my repatriation flight at the end of April I was mostly confined to my apartment. This is a short note from that time:

**A**t exactly 10 am an air raid siren rings out across the ramshackle roofs strung across the steep hillsides. Its wail rises to a crescendo before, with a sigh like the last air escaping a balloon, it lapses back into silence. When I first visited, 'the horn,' as locals call it, it nearly caused me to jump out of my skin. It was installed after the Japanese bombed Calcutta in 1942, during the final years of British rule, when Shimla was the summer capital. I quickly learned that it still sounds at 10 am and 5 pm every day except Sunday, to indicate working hours for government employees. Almost twelve months later, the first warm rays of spring sunshine fall on empty streets and closed shops, drawing the scent of pine sap back into the air after a long winter. The city has been under lockdown for almost five weeks. The horn has a new role. In this time I've not left my apartment except to chat with others who share the building. 'The lockdown was done too quickly,' Raj, another occupant told me one evening, lowering the volume of an endless remix of Chris Isaac's 1989 hit *Wicked Game* that had been playing from the computer on his desk. The Indian Prime Minister Narendra Modi had just been on the television mounted above his bookshelf. 'When the prime minister comes on

TV to address people,' Raj continued, gesturing at the screen, 'you must listen.' The previous time that Modi had spoken to the country this way was in 2016, when he unexpectedly announced the demonetisation of all 500 and 1,000 rupee notes. Those working in unorganised professions, such as labourers and rickshaw drivers, had lost much of their earnings. As the current crisis continues, the same section of society is suffering once again. The speed of the nationwide lockdown has trapped huge numbers of people in the major cities. With nowhere to go, no way to make money, and nothing to eat, reports of these people trying to walk hundreds of miles back to their villages now fill Raj's living room. Shimla, a relatively prosperous town, has been spared some of these troubles. People adapt to adhere to Modi's requests, the new routine a dance orchestrated by the siren. When I heard it at 10 am, its long, sustained note signalled the start of the three-hour window during which people may leave their houses to go shopping. At 1 pm, the horn sounds for a second time. This time its wail is tortured, rising and falling in waves that crash against the mountains and chase the few remaining people back into their homes.



Those restrictions impacted everyone, and visiting researchers were no different. My primary research question interrogates the contemporary discourses around morphine; asks how it is imagined, regulated, and consumed. By that time, I had been in the hospital long enough to gain a good understanding of the medical and regulatory discourses that surround this object, but had hoped to use the time left in India to develop my knowledge of the pharmaceutical industry. The source of the morphine used in the hospital was a company based in a town only 40 kilometres away. This study will now have to be done virtually, from a desk overlooking not a tree full of monkeys but a field of slowly yellowing wheat bordered by Cotswold stone. Yet it is not all change; outside the front gate two flowers have sprung up almost overnight. With their thick pale green stems and purple petals, they can only be *Papaver Somniferum*. Or, as they are more commonly known, opium poppies.





## Dr Jennifer Rogerson

### 1. Tell us about your new role at Global Health & Social Medicine?

I'm working as a postdoctoral research associate with Dr Amy Hinterberger on her project 'Biomedical research and the politics of the human'. The research seeks to explore the ways definitions and framings of the human, in relation to the 'non-human', are situated within current policy, law and science. We hope to begin to look at the work these definitions are asked to do and unsettle terms by focussing on the ways notions of 'human' and 'non-human' are shaped and shape ideas of life.

### 3. What's drawn you to this project? What is your academic background?

I was trained as a social anthropologist at the University of Cape Town and my PhD work explored how care materialises in middle-class women's birthing practises, in a context of high caesarean-section rates in the South African private health sector. My research articulated the ways ideas of 'choice' are situated within a myth of a natural/medicalised binary, how the way a woman births produces particular effects, affects and dispositions and how forms of value are assigned to life-giving work. I was drawn to Amy's project because I had done Masters research that looked at different ways of knowing from a science and technology perspective, and I thought this project would be an interesting way to think about care beyond my PhD work.

### 4. How would you describe your research interests more broadly?

I'm interested in care and its associated dispositions and, following Clara Han, the ways care can be understood and framed as 'a problem'. More specifically, I like to think about care in the first 1000 days and the ways forms of care are made, purchased and valued in a late capitalist moment within parenting models and language, and the sets of ideas associated with mothering and life-giving work.

### 5. When you're not working, what do you like to do with your time?

My answer now is very different to nine months ago! I used to love doing Iyengar yoga, which I had practised for years, walking in the woods and baking. I have a very busy nine month old so I'm in a season of my life where caring for my daughter is how I spend most of my time. She and I do make it out to the woods for walks though!

### 6. What's your favourite part of working in London?

Being able to pop into a gallery or museum during lunch. Seeing the traditional red buses of London is lovely and I enjoy the ways people in London are so many and so diverse; you see so many different kinds of fashion and expression of style.



## Dr Liming Li

### 1. Liming, tell us about your role in the Department of Global Health & Social Medicine?

I am a Lecturer of Quantitative Social Science & Health. I teach two modules on social statistics at undergraduate and postgraduate levels as well as supervise dissertations.

### 2. What's your academic background?

I was trained in Sociology, first in China for a BA and MA, then in Cambridge for my PhD. I mainly work with quantitative datasets and on topics including early life adversity, life course transitions, ageing and mental health.

### 3. Tell us what you're working on at the moment?

I am finalising a few papers that explore the health consequences of policy interventions and social programmes, using quasi-experimental designs. One is a collaboration that examines an anti-loneliness campaign operating in the UK since 2011 and its effects on feelings of loneliness and isolation as well as on mental health among older people in England. Another collaboration investigates the mental health impact of aircraft noise control

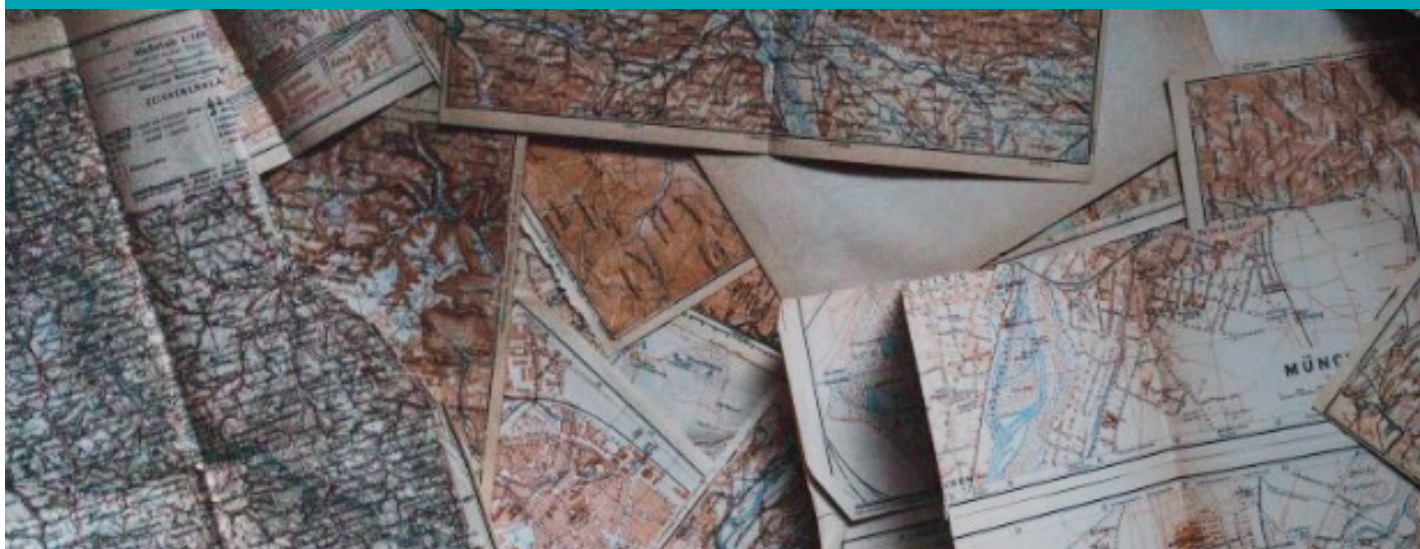
policies in the Netherlands for older people living close to the airports. I am also working on a piece that looks at the later life health of a cohort coming of age during the Chinese Cultural Revolution.

### 4. What do you do for fun?

I am a fan of books and sports. I read Colette, Woolf, Wharton, Tolstoy, Austen and Kawabata most often, and do weights, running and karate. I also enjoy movies, rock and classic music and travel.

### 5. What's your favourite part of working in London?

I have the general feeling that everything is so fast-paced – full of energy and possibilities. I also like the city itself; it's social life and history. So many streets and buildings are associated with great books and authors and so much has been said, experienced and passed on. It is terrific that our campus has the proximity to museums, galleries, Covent Garden and the Thames – the very enchantment of London.



### Dr Thandeka Cochrane

#### 1. Can you start by telling us about your new role?

I am a Research Associate on the 'Cartographies of Cancer: Measuring and Mapping diseases in sub-Saharan Africa' project, working with Dr David Reubi.

The 'Cartographies of Cancer' project studies the ways in which knowledge about cancer in Africa is produced, both from a historical and contemporary perspective. Increasingly, the global health framework rests on policy decisions made on the basis of cancer maps. This project unpacks how these maps and data are produced, exploring questions of African public health imaginaries and the accompanying socio-technical infrastructures that emerge in the creation of cancer registries. In this it examines the colonial emergence and entanglement of the cancer registries in Africa and the knowledges and discourses these produced. For this project I am conducting archival research in London on the colonial history of cancer registries in Africa and the British Empire Cancer Campaign. I will conduct two months fieldwork at the Cancer Registry in Nairobi, Kenya where I will study the production of cancer data.

#### 3. What's drawn you to this project? What is your academic background?

I have trained both as a historian, doing an MPhil in Intellectual History at Cambridge, and as an anthropologist, doing an MSc in Social Anthropology at the University of Amsterdam and a PhD in Social Anthropology at Cambridge University. The combination of historical and ethnographic work the project offered was particularly exciting for me, as was its exploration of knowledge production and global North-South relations.

#### 4. How would you describe your research interests more broadly?

I am generally interested in power/knowledge and epistemic justice. As a born and raised South African my area of focus has been southern and eastern Africa, particularly Malawi, where I did my PhD fieldwork. Much of my previous research focused on education in Africa, particularly early childhood education and early literacy. In this I have explored rural village libraries and young readers of fantasy-fiction in these libraries. I find the role of fiction stories, of various forms such as local oral stories of fantasy fiction books, in shaping sociality and the production of personhood fascinating. I am also interested in how development structures – material, epistemological and affective – effect the everyday lives of Africans. Questions of power, hierarchies and the remains of the colonial in the postcolonial lie at the heart of most of my work.

#### 5. When you're not working, what do you like to do with your time?

I enjoy exploring the outdoors, cycling to forests or finding coasts to walk on. I spend a lot of time having dinners and picnics with friends, or reading a good book. I am a passionate dancer, of everything from salsa to the quickstep, and am trying to find a way to do rock climbing in London.

#### 6. What's your favourite part of working in London?

Having joined the Department only two weeks before lockdown, I've sadly had very little time to experience London. In the first two weeks I loved being able to go to work along the Thames and to have the vibrant cultural scene of London, from amazing theatre to incredible cafes and restaurants, right at my doorstep. I am very much looking forward to exploring the city after the lockdown ends.

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## Special issue published: 'The Global Psyche: experiments in the ethics and politics of mental life'

**Dominique Béhague is delighted to announce the publication of a special issue of *Medical Anthropology Quarterly*, co-edited with Kenneth MacLeish at Vanderbilt University.**

The collection brings together an international group of scholars who study how psychiatric expertise 'travels' to diverse sites and populations across the world, and what it looks like in the hands of clinicians, patients, and everyday people on the ground in Japan, Italy, Argentina, Kosovo, First Nations communities in Canada, and various settings in which the US.' post-9/11 wars have been waged. The collection examines what Béhague and MacLeish call the **global psyche**. The term refers in part to the ways that American-dominated modes of psychiatry, global health, and transnational psychiatric drug production and marketing tend to involve a one-way imposition of expert knowledge. Yet as authors show, the seemingly straightforward terms 'global' and 'psyche' cannot be taken for granted; the authoritative claiming of mental experiences as part of a 'global' and universalist expertly-validated phenomenon has to be actively *produced* by a combination of local and global modes of authority, both within and outside of psychiatry itself. The volume's articles take up problems of global proportion in varied local incarnations, from Professor Margaret Lock's work on the Anthropocene

and environmental destruction in First Nations Canada and Professors Jocelyn Chua, Hanna Kienzler, and Sean Brotherton's papers on war and political violence in the US, Iraq, Afghanistan, Kosovo, and Argentina, to Professor Cristiana Giordano's consideration of forced migration and displacement in Italy and Professor Junko Kitanaka's research on dementia in aging populations in Japan. These authors – some of the most cutting-edge scholars working in contemporary medical anthropology – show how mental life also becomes a site where ordinary individuals and powerful institutions navigate moral and political problems, dilemmas of survival and producing a good life, and fundamental questions of justice and rights.

**Hanna Kienzler's contribution** to the special issue investigates practices of 'making patients' among Kosovar health practitioners involved in providing humanitarian psychiatric treatment to village women who had survived the Kosovo War and were struggling with its aftermath. She argues that the practice of 'making patients' ensnared practitioners in considerable ethical dilemmas. Practitioners grappled with tensions between the requirements of international

standards for the provision of mental health, national professional requirements, their own perception of good care and patient expectations and the limited, often scarce resources at their disposal. This situation locked practitioners in a 'double bind' as they tried to reconcile their awareness of the limits of therapeutic intervention with the obligation to do something. The outcome of this was that limited available treatment options rather than underlying causality and symptomatology drove diagnostic practice. While this allowed practitioners to do something, it fundamentally went against their conviction that what was needed was not just medicine and psychotherapy, but social services that were tragically unavailable to address the social determinants of mental health.

Béhague and MacLeish are grateful to the Vanderbilt International Office and the Research Scholars Grant Program at Vanderbilt University for funding the conference upon which this special issue is based, and to Professors Francisco Ortega, Nikolas Rose and Jonathan Metzl for their support and contributions to this collaboration.



### Timothy Rogers

#### 1. Departmental title

Undergraduate Programme Officer

#### 2. How long have you worked in GHSM?

I started my role in GHSM in October 2019. I'd been working at a different Faculty in King's before this, but there were still lots of new things to learn about my new department when I arrived. Now I'm nearing the end of my first year with GHSM I feel I've truly settled into the daily operations of GHSM.

#### 3. What do you like most about your role as a programme officer?

Helping the students and the academic staff solving issues. I'm here to ensure the smooth running of the programmes and am always happy to help people tackle any difficulties that might have arisen. I enjoy the chance to be investigative and methodically deal with a challenge, and it is satisfying to be able to provide solutions to whoever might need them.

#### 4. What advice would you give to new students arriving in the autumn?

My advice to new students would be to ask lots of questions. There are going to be a great many new experiences upon starting student life, and there will inevitably be some elements that might not be clear to all

people immediately. The more questions you ask early on, the quicker you'll find your feet. There are lots of groups, events and support available at the College, and learning about them early on will help you make the most of your time at King's. I'm always happy to help students who might have a query, and even if I can't answer the questions myself I will always signpost students to where the information can be found.

#### 5. What is your favourite thing about London?

The variety of experiences it offers and how it allows for spontaneity. I was born in London but still can still find new places, venues and events with surprises to offer. There are a great many cultural centres scattered throughout the city, and it is great to be able to head off and explore a new area on a whim.

#### 6. What do you do for fun?

I enjoy the cinema and often visit the Prince Charles near Leicester Square to take in some of the cult classics they show. I also enjoy hiking, and although I do often leave London to do this there are some great walks in the capital to enjoy, such as the walk along regents canal from Camden to Little Venice.



### Tracie Hughes

#### 1. Departmental title

Postgraduate Programme Officer

#### 2. How long have you worked in GHSM?

It will be two years in July.

#### 3. What do you like most about your role as a programme officer?

The variety of the role, including complex day to day issues that arise for individual students. I enjoy supporting students on their learning journey and in turn their future careers or further study, whilst aiming to make their university experience a positive one.

#### 4. What advice would you give to new students arriving in the autumn?

Try to manage your workload and time effectively, setting aside time for study and meeting the deadlines that are set. Back up your work and leave plenty of time to upload submissions – leaving it to the last minute can be stressful! Don't be afraid to ask for help, either from your Personal Tutor, Programme Director, Tutors and of course Professional Services staff. Make the most of

being in London. Get to know a wide range of people at every opportunity – planned events are great networking opportunities. Remember that time for yourself, sleep, and seeing friends is also important.

#### 5. What is your favourite thing about London?

London is so cosmopolitan, brimming with diversity and culture. There is so much to explore with endless West-end shows, music festivals, bars and restaurants to try. I especially like window shopping at Covent Garden, and walks along the Thames, Trafalgar square and even Buckingham Palace in my lunch break.

#### 6. What do you do for fun?

I try to run 10k twice a week – this is a great stress buster and time when I can think without distractions. I also love walking in the countryside, cooking, baking for my nearest and dearest and swapping recipes with my daughter, and spending time with family and friends.



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