

POLITICAL ECONOMY, POLITICAL ECOLOGY, AND HEALTH

ANTHRO 208 2020 – WEEK 8

DR HEATHER BATTLES



OUTLINE

POLITICAL ECONOMY/POLITICAL ECOLOGY

- **DEFINITIONS**

- **CASE STUDIES:**

- 1. AIR POLLUTION: “BREATHLESS IN HOUSTON”**
- 2. WATER POLLUTION: CHOLERA IN HAITI**
- 3. HOUSING IN NZ**

READINGS

- **Joralemon text, Chapter 4**
- **Schell, Lawrence M., et al. 2005. "Health disparities and toxicant exposure of Akwesasne Mohawk young adults: A partnership approach to research."**
- **Singer, Merrill. 2014. "Following the turkey tails: neoliberal globalization and the political ecology of health."**
- **Oliver, Mike. 1996. "Defining impairment and disability: Issues at stake."**

Power

Inequality

Who benefits?

DEFINITIONS

- **Political economy**

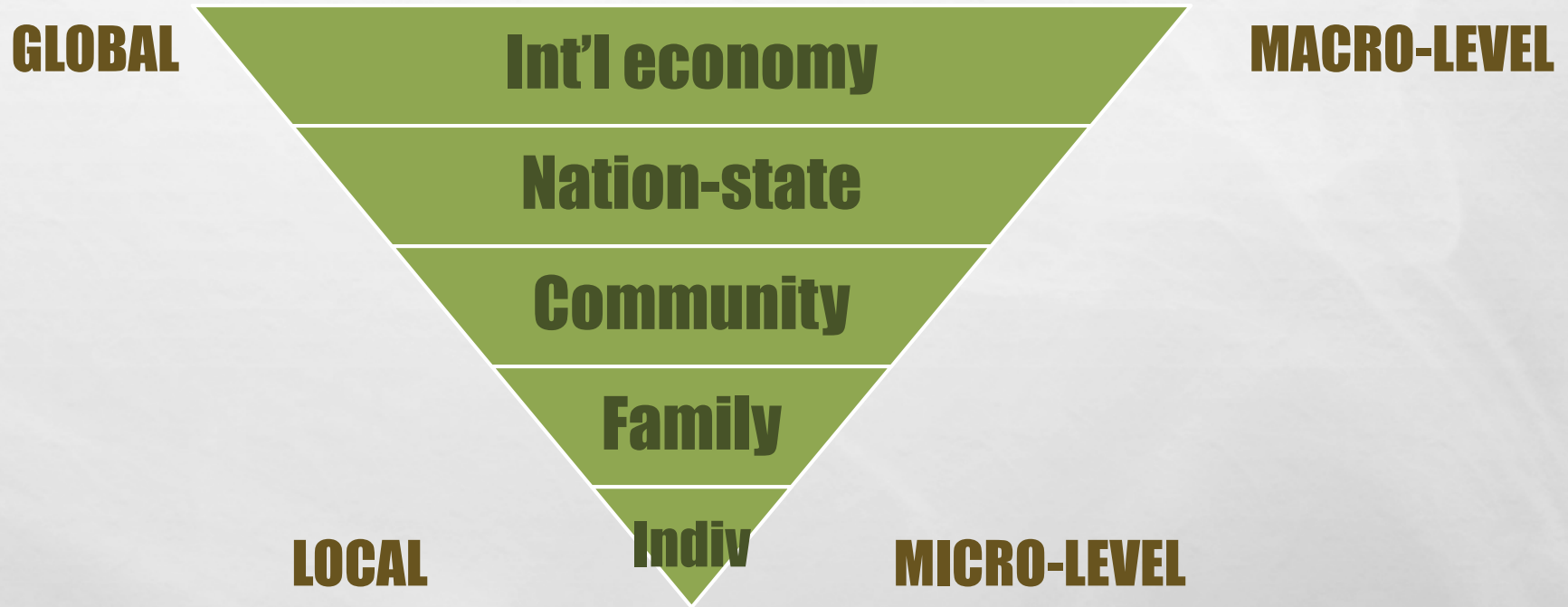
- **“The theoretical perspective that sees the interface of social structure and the economy as the primary force shaping society.” (Singer 2015)**

- **Political ecology**

- **Ecosystems and social systems as interactive (Harper 2005)**
- **Focuses on role of (unequal) power in interrelationships between social, cultural, economic, etc. environment + biophysical environment**

WHO BENEFITS?

POLITICAL ECONOMY/ECOLOGY



EXAMPLE: AIR POLLUTION

- **Directly toxic and indirectly damage increasing infection risk**
- **Mirror the structure of social relationships**
- **Socioeconomic inequality**
- **“The polluting elites”
(Roberts and Parks 2006)**

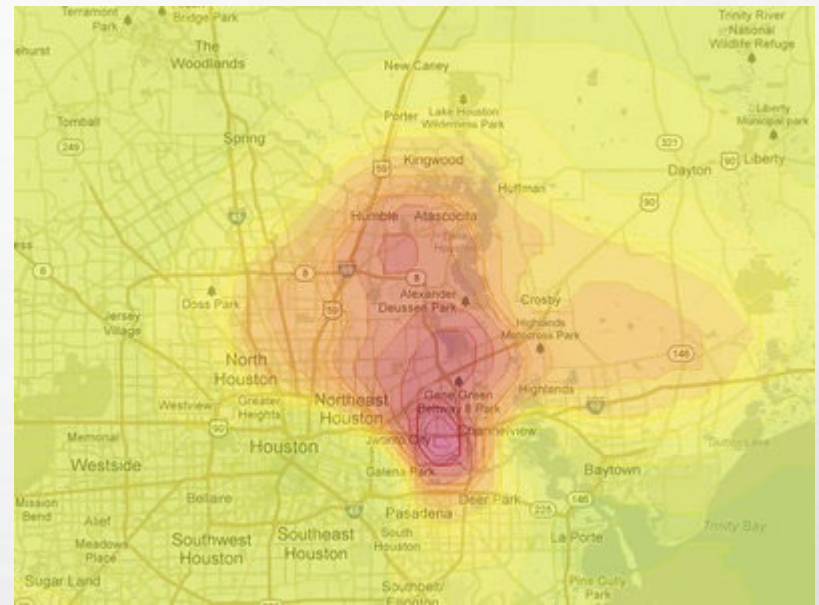


Singer (2015)

“BREATHLESS IN HOUSTON”

- **Case study of political ecology approach to environmental health problems**
- **Janice Harper (2004) *Breathless in Houston: A Political Ecology of Health Approach to Understanding Environmental Health Concerns* *Medical Anthropology*, 23: 295–326.**

BACKGROUND



- **Houston = “energy capital”; produces about 1/4th of the country’s gasoline, and about 1/3rd of the plastics**
- **Ozone (smog) forms from NO₂ + compounds like ethylene (used to make plastic)**
- **Houston experiences some of the highest ozone levels in the United States (was highest – now improving)**

DO WE ALL BREATHE THE SAME AIR?

- ***Who benefits?***
- ***Who is vulnerable?***



DO WE ALL BREATHE THE SAME AIR?

Questions:

- **How do people resist or gain access to health care through illicit and informal avenues?**
- **How do they interpret or perceive environmental threats to their health?**
- **How do they respond through modified behaviours intended to mitigate such real or perceived threats?**



“BREATHLESS IN HOUSTON”: ISABELLA

- ***“Every household out here has at least one child with asthma or bronchial problems...To people in this area, it’s normal. It’s normal that they’re always throwing up from the smells, it’s normal that they have asthma, it’s normal that they have bronchitis, it’s normal that they have a rash. It’s normal.”***



“BREATHLESS IN HOUSTON”: ISABELLA

- ***“When I hear someone say, ‘And this is a low-income minority community,’ let’s blow the B.S. Because when I take my kids to the doctor, they don’t tell me that it’s your income, they say, ‘It’s something in the air.’ So all this minority stuff, let’s cut that out of the way.”***



“BREATHLESS IN HOUSTON”

- ***“Local understandings of respiratory health often contradict public health concepts of environmental health and, in turn, differentially shape people’s interactions with the environment.”***



“Pollution haze obscures the downtown Houston skyline.”

Photo: University of Texas.

EXAMPLE: WATER POLLUTION

- **Contamination by toxic substances or by pathogens**
- **Direct discharge or diffuse leakage**
- **Pathogen contamination most consequential in places without adequate sanitary infrastructure**



Singer (2015)

CHOLERA IN HAITI

- **Case study of structural inequalities between and within countries and health consequences**



BACKGROUND

- **Structural poverty, inequality**
- **Decades of political violence**
- **Lack of access to safe water**
- **Poor sanitary conditions**
- **Fragile health infrastructure**
- **Earthquake 12 Jan 2010**



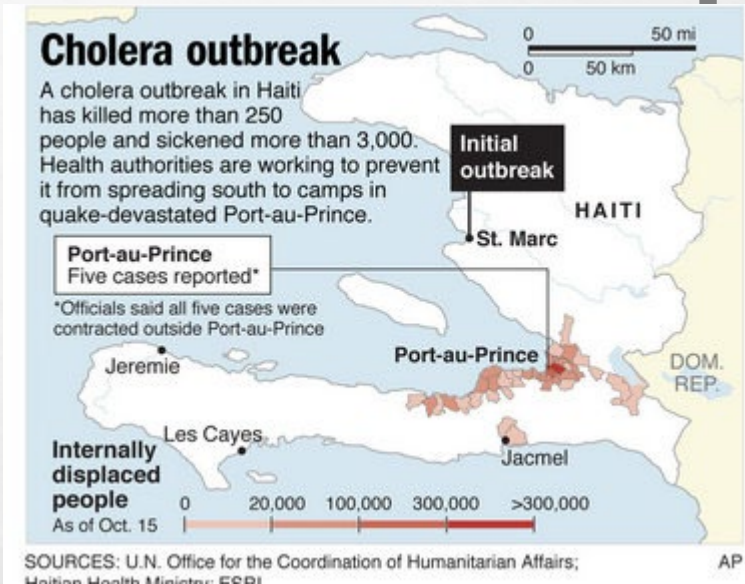
POST-EARTHQUAKE CONDITIONS

- **WHO, CDC surveillance focused on camps surrounding capital**
- **No cholera in Haiti for a century**



OCT 2010 – CHOLERA

- **Patients from Artibonite and Centre departments presented with acute, watery diarrhea**
- **First cases from Meille**
 - **small village by a river that runs into the Artibonite River**
- **Spread quickly**



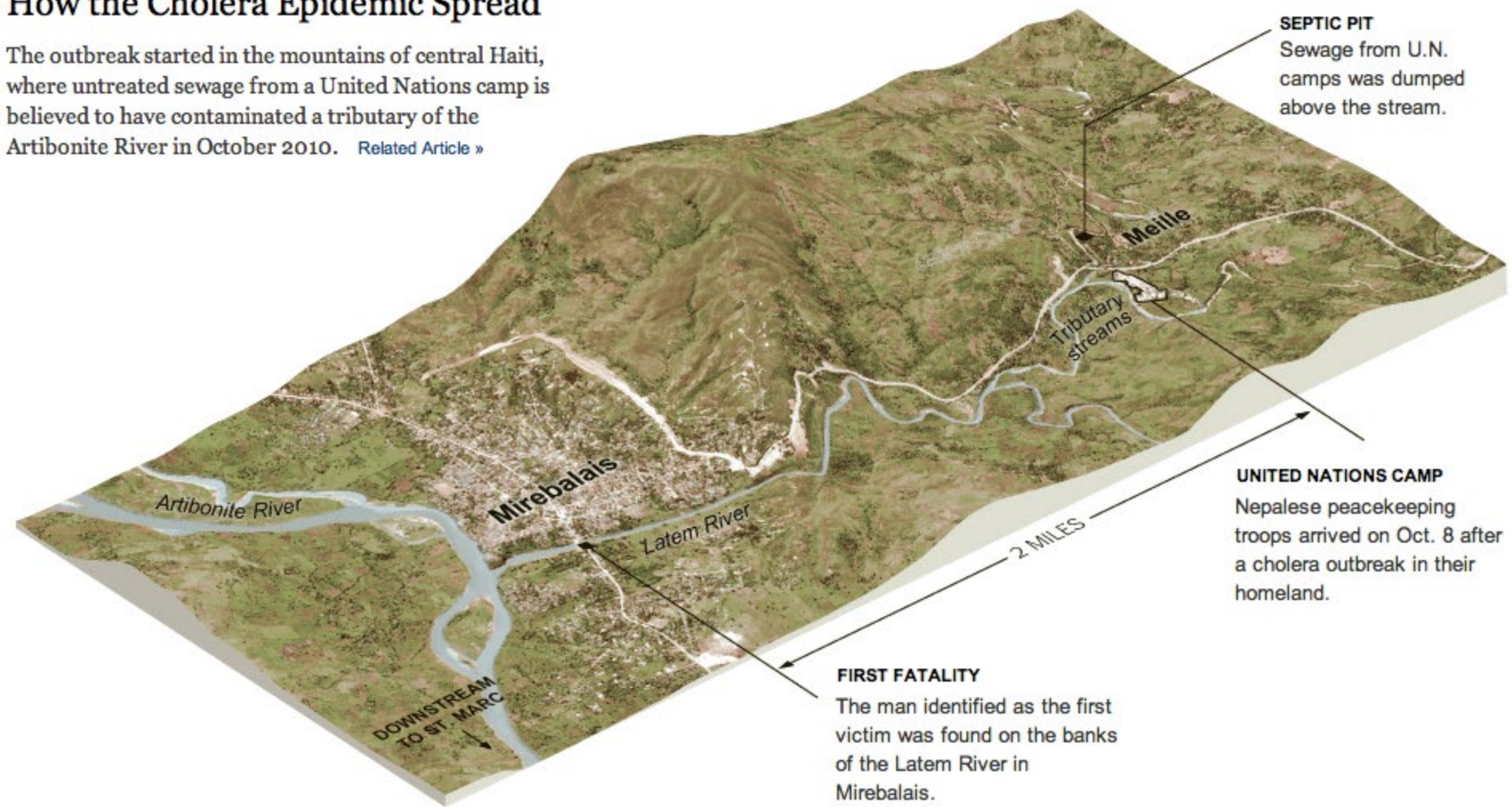
HOW DID CHOLERA GET TO HAITI?

- **Traced to UN peacekeepers in Meille**
- **Soldiers came from endemic area (Nepal)**
- **Outbreak in Haiti coincided with their arrival; strain traced to Nepal**
- **Denied by UN – until Aug 2016**



How the Cholera Epidemic Spread

The outbreak started in the mountains of central Haiti, where untreated sewage from a United Nations camp is believed to have contaminated a tributary of the Artibonite River in October 2010. [Related Article »](#)



WHY WERE UN PEACEKEEPERS IN HAITI?

- **United Nations Stabilization Mission In Haiti/*Mission des Nations Unies pour la stabilisation en Haïti* (MINUSTAH) since 2004**
- **Mandate from UN Security Council to help maintain law and order**
- **Unrest in Haiti as threat to peace and security in region**



CHOLERA IN HAITI

- **Outcome of structure of social relations between countries that led to Nepalese soldiers bringing a new pathogen into the socially and biologically vulnerable population of Haiti**

(Singer 2015)



CHOLERA – THE MICROBE IS NOTHING

***“Le microbe n'est rien,
le terrain est tout.”***

**The microbe is
nothing, the terrain is
everything**



CASE STUDY: HOUSING IN NZ



- **EXPERIENCES OF HOUSING AND NEIGHBOURHOODS**
- **RELATIONSHIPS BETWEEN CHILDREN'S LIVING ENVIRONMENTS + WELLBEING**
- **ECOLOGICAL FRAMEWORK**

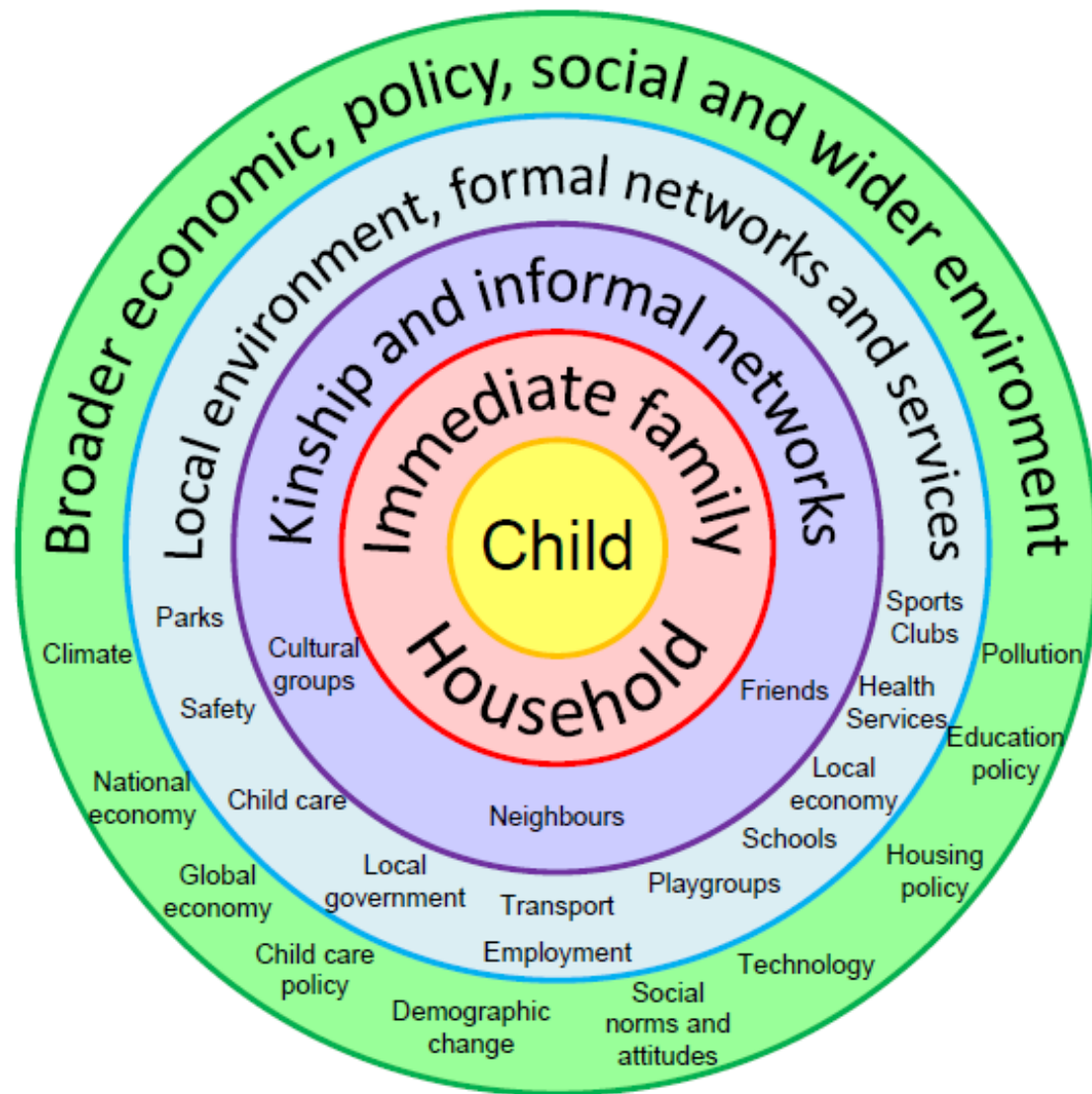


Figure 1: Bronfenbrenner's ecological model. Diagram by Joel Gibbs based on Bronfenbrenner's (1979) ecological model.

HOUSING AND HEALTH IN NZ

- **POOR QUALITY HOUSING** --> DAMP, COLD CONDITIONS --> MOULD + VIRUSES --> STRESS ON IMMUNE SYSTEM + RESP. SYMPTOMS
- YOUNG MOST VULNERABLE TO POOR INDOOR ENVIRONMENTS
- **ENERGY HARDSHIP** = INABILITY TO HEAT ONE'S HOME TO AN ADEQUATE TEMPERATURE DUE TO A LOW INCOME AND/OR ENERGY INEFFICIENT HOMES
- EXACERBATES EFFECTS OF POOR QUALITY HOMES

Poor quality housing + energy hardship + crowding

HOUSING AND HEALTH IN NZ

STRUCTURAL CROWDING

- INSUFFICIENT BEDROOMS IN THE HOUSE FOR THE AGE AND GENDER OF THE HOUSEHOLD'S MEMBERS

FUNCTIONAL CROWDING

- FAMILIES SLEEPING TOGETHER IN ONE ROOM
- USUALLY TO STAY WARM, THE RESULT OF ENERGY HARDSHIP AND/OR POOR HOUSE CONDITION

[We] had to actually turn the living room into a bedroom for my son 'cause he couldn't fit in with my twin girls who are six...To us it's just a bit too, it's a bit wrong for him because he's a teenager now and his first year in high school... My son he does want his own room, he's talking about his own privacy...he's complaining, "I want my own room. See look at that, the girls they've got my room and now I've been demoted downstairs." And I say, "I'm sorry."
(Wave Two, CoupwC, Māori, 41-50 years)

My kids are bound to end up in hospital this year...'cause I already know the house is too cold...this winter, like last winter and the winter before, we'll be all sleeping in the lounge because it's a lot warmer (Wave Two, CoupwC, Māori, 18-30 years).

HOUSING AND HEALTH IN NZ

- CRITICAL ELEMENTS OF ADEQUATE HOUSING:
 - HABITABILITY (WARM, DRY, SAFE, NOT CROWDED)
 - SECURITY OF TENURE
 - PRIVACY AND CONTROL



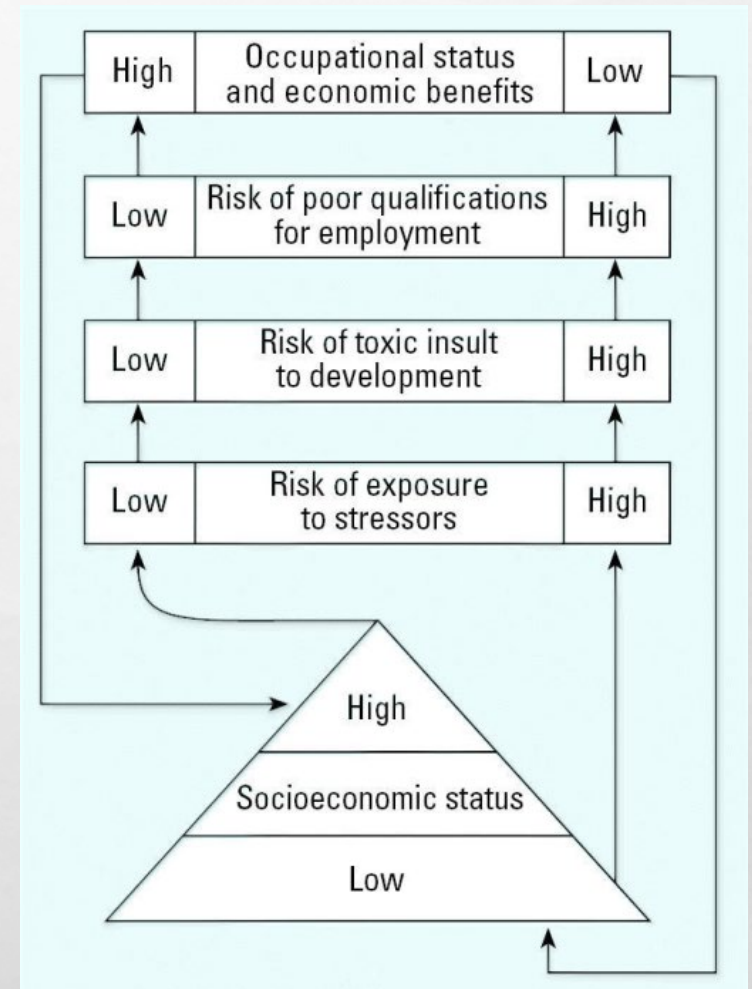
Housing New Zealand

Why I like it? Oh it's cheap. Like growing up with, my mum had five kids and we were going from house to house because she couldn't afford the rent. Housing New Zealand's given me and my children stability... And it's somewhere where they can come home to and...I can afford the power and I can afford the food....

I've always stayed in violent homes but that was something that I wasn't going to give my kids. And over the last nine years since I've been here, that was something that I can say that I've given my kids and it's because of Housing New Zealand...Yeah that's the main thing that it has done, it's changed the pattern, the life that we used to live, my mum used to live, my grandmother used to live, it's changed that cycle because it's, "Hey this is my house, get out, take your alcohol somewhere else, I don't drink so, I don't do drugs, so get out". And it's good because I see my kids happy and that's something that we never had. Yeah we had each other but we weren't happy.

FINDINGS

- Risks to health/wellbeing from crowding, cold and damp properties, low incomes and insecure tenure were 'focused' in children (**risk-focusing**)
- Lifelong impacts, cycle of intergenerational risk
- Dealing with one risk (e.g. insecure tenure) allowed adults to put more resources (time, money and effort) into what was important for them and improved their lives



SUMMARY

POLITICAL ECONOMY/ECOLOGY OF HEALTH

- **MULTI-LEVEL**
- **INEQUALITY**
- **WHO BENEFITS?**
- **BOTH DIRECTIONS**



READINGS DISCUSSION

- **What common themes (relating to political economy/ecology) do you see in the readings (Singer, Schell et al.)?**

EXERCISE #2:

DISABILITY - A LENS FOR MEDICAL ANTHROPOLOGY

- **Reading: Oliver, Mike. 1996. Defining Impairment and Disability: Issues at Stake. In: Barnes C, and Mercer G, editors. *Exploring the Divide*. Leeds: The Disability Press. p 29-54.**