Transcript
BUSPH Public Health Conversation Starter
In Conversation with Thurka Sangaramoorthy

Sandro Galea:

Welcome, everybody. Welcome to our latest public health conversation starter. This is a series of conversations we are having with thinkers who provide a critical perspective on the work of public health. Today, we wanted to have a conversation about health in rural areas. We focus often on shifting global demographics and as a result on the health of urban populations, but it also remains the case that health in rural areas is often worse than it is in urban areas, and that is true all over the world.

Today, I have the privilege of being joined by Dr. Thurka Sangaramoorthy. She's a professor at Department of Anthropology at the American University. A cultural and medical anthropologist and public health researcher, Dr. Sangaramoorthy's work has focused on committee-engaged ethnographic research among the vulnerable populations in the US, but also Africa, Latin America, and the Caribbean. She has written four books and most recently a book which I really quite enjoyed, which is Landscapes of Care: Immigration and Health in Rural America. Also, she's also written She's Positive: The Extraordinary Lives of Black Women Living with HIV.

I'm really delighted to have Dr. Sangaramoorthy joining us today. Thank you for being with us.

Thurka Sangaramoorthy:

Thank you, Dean Galea. This is such a pleasure for me to speak with you today.

Sandro Galea:

Thank you. Well, let me start with just a bit of a easy opening question. Can you just give us a little bit of your journey? How did you come to be doing this work? How'd you come to be interested in this work?

Thurka Sangaramoorthy:

I myself am an immigrant. My parents, and when I was also a child, we fled the Civil War in Sri Lanka and my parents essentially landed in the US with very little. We're a working class family, and they essentially started over. So working in immigration for me is not just a research topic, it's something that I myself have experienced and it's deeply personal to me. A lot of my work is very much things that I really care deeply about.

In terms of getting to anthropology and public and global health, it wasn't really a straight route for me, and that's something that I want to encourage students as well. It doesn't have to be a straight and narrow path. Like many immigrants, I was very much

encouraged to go into pre-professional programs and pre-med, but when I started college, I took this intro course in anthropology just by chance, and I was absolutely drawn to it from the very beginning. It taught me how to think differently. I learned a lot about myself and the ways in which a lot of the questions that I had as an immigrant kid growing up in the US.

And I realized that in anthropology, you could also focus on health, and this was really exciting to me. I put myself through college. I was a first generation college kid and I decided to work after graduating, and I worked for a think tank that took me to Africa. And this was in the late 90s, I'm dating myself here, the late 90s, early 2000s, and this was the height of the HIV/AIDS epidemic. And I really felt a calling to really help, and public health was really something that I wanted to explore.

And then I kept going back to anthropology. I got my postdoctoral training at CDC, and then I decided to come back to academia. And along the way, I really was very much interested in immigration and migration work. I was interested in infectious disease epidemics, and more recently I've been also very much focused on environment and health inequities that result from climate shock. So this is my path here. And this work, I think, encompasses a lot of my interests.

Sandro Galea:

That's wonderful. That's a really interesting journey, thank you.

Let me go back to the work then. Let me just dive a little bit into your book. In your book, there's a word which weaves its way through the book, which is the word of precarity, and it's something which actually I'm drawn to it because I have echoes in some of the work that I've done. And you talk about precarity in the context of immigration and rural living and rural precarity, and through the lens of a specific place. You talk about the Eastern Shore of Maryland. So can you talk us a little bit through precarity at the intersection of immigration, intersection of rural living, and how that ends up shaping life and health for people in these regions?

Thurka Sangaramoorthy:

This is such a great question. I find precarity to be a really interesting concept that allows for multiple ways of thinking about vulnerability. For immigrants, this notion of precarity comes in many forms. It's about perhaps legal status, but it's also very much around racialization and exploitation and other ways that they're seen or treated as people who don't often belong.

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So there are multiple layers of vulnerability that occurs for immigrants and the different kinds of precarity, especially for migrant workers. There are these other layers around not having rights within the workspace, not having access to good housing or being really scared to speak up when they're being exploited or when they feel like they're being discriminated against. So this notion of precarity often means those things.

And in rural regions, there's a severe sense of precarity as well in a sense that these are places that are essentially abandoned and left behind. There are very few resources here. So precarity often can encompass these deficits, these multiple vulnerabilities that are often layered on top of each other. But I don't think precarity is a given. I think we need to understand what brings about these precarities, what makes things precarious. And I think this is a really important way of understanding, while people live in these spaces, it's not a given. These are things that are often happening very much outside their control.

But precarious also means that you let people lead you as a researcher, as a person who is accompanying them in these journeys that they take in order to live life. So just because there are these precarious circumstances doesn't mean that people don't live, that people don't interact with each other, that people don't find ways around specific kinds of precarious conditions. And so it's not understanding... Sometimes vulnerability is very heavy. It doesn't allow us room to think otherwise. There are these oppressive conditions always. These are forces that are inescapable, and they're not.

I think precarity offers different ways of thinking about how people live, how people care for each other, and how people get by and actually thrive in these very limited settings under extraordinary circumstances. This was my attraction to precarity, not to really think about these things as a given, as normal or natural, but what makes these things possible and what makes life actually possible under these conditions.

Sandro Galea:

Thank you. Let me talk a little bit about rural living for a second. And right now, you're in Ethiopia when we're talking, and this country I've done some work in as well. And I was wondering about your thoughts about the particular challenges of rural living globally. This particular book talks about the US, but I know you've done work in Ethiopia. And how we meet the challenge, there are particular challenges in trying to meet, to deliver assets, to use that term, which I consider the flip side. Assets are what flips precarity over in rural conditions. I'm wondering what your reflections are on that as to how we as a collective society, as a world, meet that challenge as more and more of the world urbanizes to make sure that we preserve and protect people in rural areas and preserve and protect their health?

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Thurka Sangaramoorthy:

It's interesting. I'll take the Eastern Shore as a place that taught me a tremendous amount. I think that we don't know very much about rural spaces. I think we have these imaginations about what it's like, and I think most of us, including myself, don't very much think about rural spaces as having very much, as being interesting, as full of life and other things that are going on.

I was very curious about rural spaces during my work at the CDC. I was based in Atlanta and did a lot of disease outbreak investigations in the rural south. And in those moments, I knew something was different, but as someone who had grown up in largely urban environments, I didn't know what it was. I couldn't really pinpoint it, and frankly I didn't have time to think about it. And so when I came to Maryland, I really wanted to focus on those. And when I got to the Eastern Shore... Now, this is a place that's largely less than two hours from Washington DC, our nation's capital, yet it was so drastically different.

I felt different. I felt really out of place. I felt like I didn't really know about very many things, even though I had been working in immigration and health for such a long time. And what I realized is my own training, the default in how we're trained in public health or global health is very much around urban systems, and I think that this is really unfortunate. Rural spaces, I think one of the things that people say about the Eastern Shore is that it's the land that time forgot. And what they're saying is, again, it's about these abandonment. It's about people and places essentially left behind, it's about people in places that are exploited, and it's about these centers and margins.

And what I think is really interesting about that phrase is that it's really important to understand that, while the attention needs to be there about how resources are absolutely extracted, how rural labor is extracted, that these are the margins, very much that these are places that have been abandoned by both the state as well as capital and capital institutions in general. But at the same time, there is so much that is not outside of time or space. There is so much life. There are people who are really doing things that are about what it means to actually care, not just healthcare, but actually maintain these relationships and make do in incredibly difficult circumstances.

I think rural health systems in particular are these interesting places. And in my book, I'm trying to push for this notion of landscape because landscapes are really predominant, and it's one of the first things that you think about is the actual space, this vast space in rural regions. I really want us to re-conceptualize what health means in these spaces and the things that are actually happening in these spaces where people live and care for each other that are outside of what is actually visible in these

institutionalized spaces in terms of a system per se, but rather people and places really uniting together to take care of each other.

And this does not take away from the kinds of abandonment that is happening and the fact that these are places that are highly exploited, but I do think that a focus on rural... Everything that happens in these highly urban settings in terms of globalized processes, market-driven changes, migration, climate change, all of these things are happening very intently in rural spaces. And I think they deserve our attention and our own set of reckoning with why urban spaces seem to be the center of our work and our attention, frankly.

Sandro Galea:

Well, you said so many things that are super interesting that we could be here for several hours, but I really like your notion of we don't understand rural spaces. We need to re-conceptualize what health means in these areas.

I want to delve a little bit more into the US rural spaces, but before I do that, let me ask you, how does what you just said map onto low-income country rural spaces?

Thurka Sangaramoorthy:

I was someone who was trained very globally. I was trained in a very global assertive setting. And it's interesting. When I started working in the US, a lot of the US-based work, both in anthropology and public health, not so much the public health because I did work in domestic public health, but especially in anthropology, when you're trained globally and you're trying to really understand the US context, it's often really difficult. And sometimes it didn't really make sense to me to be able to apply such a globalized framework or lens into the US as a whole.

But the places that I would work, first at the CCD in the rural south in particular, and then in Maryland on the Eastern Shore, I really didn't feel that these contexts were very different. There are incredible histories of chattel slavery, of colonization. There are lots of historical contexts that really do apply in both. I know it's really unfair to compare those kinds of things, but I think that there are spaces in the US that very much map onto the way that we can think about places where I work right now, which is the Horn of Africa.

There are very similar kinds ways of thinking about both history, what brought us to the current conditions in which people are really suffering. But it's also about the inability to really change these large scale systems in which others have quite a bit of power in terms of the geopolitical kinds of context. And these are very similar things that are

going on in the global south in terms of inequities, high rates of disease, the lack of healthcare access, how things are actually very much heightened in a lot of spaces in the US, which in many ways mirror what other populations are going through in places around the world.

Sandro Galea:

Yeah. That's really interesting. Let me now pick on the notions of power and politics for a second. I'll flip us back to the US.

And using some of your language about re-imagining how we think of rural spaces, and I think part of the current conception of rurality versus urbanity in the US is colored by a partisan divides and divides in political perspectives, which then end up having real implications for resources, which end up having real implications for people's lives and people's health. I was wondering if you can comment a little bit on, from your work, about the realities that then map onto partisan and political divides [inaudible] in urban areas, and perhaps how to bridge some of those divides. I think in public health, we have a real responsibility to try to find shared humanity that overcomes such divides.

Thurka Sangaramoorthy:

I definitely saw these dynamics. In a place like the Eastern Shore, especially because I worked through some very challenging times politically in the United States in terms of presidential administrative changes as well as in some ways COVID-19, which was also very much highly politicized in this landscape, and I think, if I can speak to these notions around politics but also about immigration and rural health, it's really complicated. It's not the either/or assumption.

So for instance, I think in many ways we have this notion the rural, as you remember during COVID, became very much this imagination of the rural west, the individualistic people who didn't have to socially isolate, they didn't want to mask. It's this robust, the real America of the rural that came out during COVID-19, but I think hopefully COVID-19 helped us also think through the dismantling of rural health systems and very much how hospital closures, all of these things left rural America very much unable to respond to crises.

And it's the same with immigration. In these spaces, we tend to think of rural America as very white, and this is part of the partisan politics. These are the ways that people are thinking about how to garner power or how to get people to vote against their best interests. But rural America is not white. There are a vast majority of white people who

live there, but there are also vast spots of rural America also have lots of Native American populations, a lot of African-Americans as well as a severe growth, this exponential growth, in immigrant populations.

And so in places like rural Maryland, for instance, politics, it's an incredibly conservative area, but at the same time, these demographic shifts are really sudden and drastic. And so it's not this either/or kind of thing where people are excluded. Rural residents actually appreciate the fact that this economic boom that is provided by immigrants and that immigrants actually help them reap economic as well as mitigate against the rural population decline. Very many people actually appreciate the cultural diversity that this landscape or this actually brings, but it also tests rural communities' ability to provide such scarce resources. So things like housing, education, healthcare, social services, they're already fragile.

So just helping more people who are very needy also tests their ability to integrate people or to see them in a very negative light in terms of being racist or having anti-immigration sentiments. And politicians often prey on these structural issues to get people to think against some of the things that they actually do feel, which is very welcoming. And so I think people, rural residents, are often caught in this bind about being appreciative, knowing that their economies are running again, that they have some cultural diversity, but also the fact that there's so little in these spaces that it's just not enough for everyone. And so these are the conditions that cause people to perhaps think of immigrants as the problem, rather than the structural issues that are already existing in these places.

Sandro Galea:

Thank you. That's actually really interesting and refreshing. One doesn't often hear this description, this re-imagination of rural spaces, the way you described it. Thank you.

COVID. You mentioned COVID, which actually brought me to my next question. What's your scorecard for how... Let's just focus on-

Thurka Sangaramoorthy:

How we did?

Sandro Galea:

Yeah, [inaudible] respect to rural areas.

Thurka Sangaramoorthy:

Sure. I do think that we were able to do some necessary and effective... As someone who works in infectious disease, I do think that we did well in terms of some effective public health prevention responses. Things like travel bans or closures, quarantine, social distancing, I think these are traditional and typical public health measures. But we also really witnessed, I believe, as someone who was very much involved in the AIDS epidemic, that we had severe levels of government inaction. We had issues in terms of lack of-

... and health system [inaudible]. I think infectious disease folks have been warning about decades of underfunding to our public health systems by billions of dollars. I think our public health financing system is essentially broken, and I think that this is what really caused us to be seriously under-prepared for public health emergencies like COVID-19.

The other thing that I don't think that we... As someone who teaches on the history of pandemics, it's really difficult to explain to students why we keep doing the same things over and over again, especially as we're living through an epidemic, and so one of the things that I think that people often forget is that epidemics are very quick to flow along the lines of existing disparities or inequities in terms of race, in terms of class, in terms of gender. And the fact is that the impact of these historic and continuing legacies of oppression and discriminations are exactly how pandemics actually work. And we've seen this over and over again.

The other thing that I want to encourage that I don't think that we talk about enough is that we often think about infectious disease epidemics or outbreaks as discreet, really extraordinary events, but I think it's really helpful and useful to think about them as really ordinary. What we're actually witnessing are these spectacular kinds of instantiations of injustice that we've always had in society, and they just tend to flare up when epidemics actually happened. And so I think that it's really important to understand how social inequities and health systems very much are co-constituted, and I'm hoping that COVID-19 really taught us that. But I'm not sure. I'm not certain. I'm not as positive that we will learn from this to do better next time. We're still underfunding public health. We're still not addressing some of the root inequities that got us there in the first place.

Sandro Galea:

Well, I agree with all you've said. [inaudible] my last question. 2023 is when we're talking, September 23 is when you and I are having this conversation. What gives you hope today? What gives you hope as you look ahead?

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Thurka Sangaramoorthy:

What gives me hope? It's really difficult for me as someone who sits at this intersection of the humanities and social sciences and global health, doing global health work is really difficult, especially in settings such as the one that I'm working in right now in terms of conflict, in terms of climate change, in terms of disease outbreaks. But I'm incredibly hopeful in a sense that I get to teach and to learn with others and to engage with people who really are trying so hard to forge a pathway where we can all have the best shot at life, people who don't see things in this deficit model, but to really approach indigenous. A lot of the people that we work with, whether it's immigrants or refugees or vulnerable communities, as people with incredible knowledge and expertise, and these are folks who also have incredible hope, and that gives me hope as well. My students also give me a lot of hope for a better future.

Sandro Galea:

Wonderful. Professor Sangaramoorthy, thank you for talking to us. But thank you, actually, for what you do. Thank you for the work you're writing. I've learned a lot from your work and I really admire both how you do it and the insights that you draw from it. So thank you.

Thurka Sangaramoorthy:

Thank you so much. That means quite a bit to me.

Sandro Galea:

Have a good afternoon and evening in Addis.

Thurka Sangaramoorthy:

Thank you so much. Have a great long weekend.