Editorial

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I am pleased to welcome readers to the first issue of *Open Anthropological Research*, a new journal that encompasses socio-cultural, socio-linguistic and biological/medical anthropology that publishes articles in an Open Access form. The journal uses a closed single-blind peer review system in which manuscripts are reviewed by two or more experts. Together with Katarzyna I. Michalak, the journal's Managing Editor, and an outstanding Editorial Advisory Board, we will ensure that the highest standards of academic excellence will be maintained. It is a pleasure to work with De Gruyter, one of Europe's prestigious publishers, to provide an opportunity for anthropologists to publish in an accessible and cost-effective format. I look forward to working with contributors and to make your research available to other anthropologists and the wider academic community.

Our first issue 'Pathogenic Politics: Life, Death and the Social Responses to the Covid-19 Pandemic' could not address a more topical issue. Some of the authors in this issue spoke at the annual 2020 meeting of the American Anthropological Association which was, as with all areas of academic and social life, disrupted by the pandemic. Through comparative research in South Africa, Ecuador, the US, Peru and Indonesia the contributors address concerns about how the pandemic has been managed by governments and how it has affected members of the public. As we have all discovered, the extent to which health policies are based on expert scientific advice, including social science/anthropological research, varies immensely and has important implications for life, death and ill-health around the globe. Indeed, our understanding of Covid-19 as a disease—indeed Merrill Singer and Barbara Rylko-Bauer in this issue refer to it as a syndemic that manifests tremendous structural violence on society—is constantly being revised in light of on-going research (SSRN, 2020).

As Jamieson and Jacquet (2020), among others, have observed, national policies dealing with international crises such as Covid-19 have failed to provide a coordinated and planned response to the crisis and have failed to mobilize expertise to help manage a response to it. Indeed, in the US,

Despite the president's declaration that "nobody could have predicted something like this," many people actually predicted "something like this." The history and risk of pandemics are part of the core curriculum of public health. In both public health and climate change, the US research community remains strong, but there are weaknesses, especially in those areas in which science bumps up against policy.

Among the lessons we, as global citizens and anthropologists, are learning about the pandemic is that scientists are divided in their views about how to manage the pandemic, that governments vary in their reliance on expert advice, that some 'experts' are more easily able to make their voices heard than others and that the media and the 'medical populists' who use it can be an unreliable source of information. As Caduff (2020, pp. 15-16) has argued, today's fear of Corona-19 is fueled by four factors: mathematical disease modelling whose assumptions and accuracy is impossible to judge; neo-liberal policies that have fragmented public health care; 'nervous media reporting' that relays misinformation and causes alarm; and 'authoritarian longings' which try to push the world to collapse in order to build it anew in a different form.

Everyone is hoping for a vaccine to end the crisis. Whether this hope represents a misplaced trust in biomedical science or not (Napier, 2020), it is clear that this longing arises out of the failure of governments to encourage social behavior that will prevent infection. However, the massive level of public and private investment in 'big pharma' to

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develop effective vaccines raises alarm bells: will this investment be wisely used to roll out affordable and effective immunization programs for everyone, particularly in the global south? Will vaccine-wars develop to restrict the availability of vaccines? Will the situation give rise to profiteering? Finally, given the ability of the Covid-19 virus to mutate, will vaccinations work ('Speedy work on covid-19 gives vaccine industry a shot in the arm', *The Guardian* 15 November 2020).

Comparatively speaking, it is clear that some governments appear to adopt and follow scientific advice, though nearly all have found their ability to manage the ensuing public health crisis seriously undermined by a lack of long-term investment in public health and a lack of preparedness to respond to global pandemics (Oxford, 2021). Government policies have varied in relation to their willingness to accept and listen to medical and behavioral expertise. For example, China and states in Southeast Asia implemented an immediate lockdown on populations (in conjunction with various types of authoritarian policies) aimed at controlling/ policing population movement and communication. Elsewhere, in 2020 the US, Brazilian and Philippine governments paid little or no attention to expert advice whereas in the UK there is a growing awareness not only that experts have been slow to learn from the experience of other countries but also that policy makers have not carefully considered the advice they are given due to their rush to reopen the economy. Indeed, Brazil and other authoritarian governments have completely ignored expert advice and have pursued an approach that is resulting in disproportionately high death rates among their disadvantaged and poor citizens as the spread of Covid-19 moves along the socio-economic fault lines in society.

As the pandemic has deepened it has given rise to increasing professional and anthropological concern about the role that science/anthropology should play in the management of Covid-19 (American Anthropological Association, 2020; Centre for Democracy and Peace Research, 2020; Royal Anthropological Institute, 2020). Research is beginning to explore the assumptions of officials who believe that a paternalistic role is required to manage a population that is 'morally and cognitively fragile' which will, policy makers assume, crack under pressure with individuals seeking to maximize personal well-being at the cost of the public's well-being. As anthropologists and others are discovering, however, local populations can be extraordinarily resilient—in response to clear public health messaging—and there is widespread evidence of social co-operation and widespread assistance being given across communities and states. Unfortunately, there is also evidence that local resilience is undermined by poor policies and incoherent policy messages. Research is identifying critical gaps in health policies which have resulted in certain groups—the elderly, the working poor, destitute individuals, those without access to healthcare, racially and economically disadvantaged citizens and migrants/asylum seekers—being placed at greater risk of infection and death. In the United Kingdom, but probably elsewhere too, staff working in the National Health Service who are from Black and Ethnic Minority Groups are far more likely to be infected and to die from Covid-19 than their 'white' counterparts. What also appears to be happening is that states which have adopted WHO guidelines to 'fight' Covid-19 have abandoned other public health interventions which has drastically curtailed programs to combat TB, HIV and cancer thereby delaying life-saving treatment for millions of people.

Covid-19 raises uncomfortable questions concerning the ethics of co-operating with governments who either do not listen to experts, who do not take research seriously or who make irresponsible and unfounded claims in the media. Anthropologists and other scientists need to effectively communicate our research to as wide an audience as possible in order to educate the public about risk and policy shortcomings and to make clear to the public the social implications of policy initiatives in education, food security, shelter and so on. To the extent that we collaborate with others in large-scale research projects, there is the added issue of our responsibility towards our subjects and members of the public involved in drug-trials etc. to ensure that research is ethically conducted and responsibly analyzed and reported. This issue arose in relation to research published in two international medical journals in 2020 which had to be retracted because the authors, one of whom was a company, could not verify their data (Ledford & Norden, 2020). The incidents also raise questions about collaborating with medical/pharmaceutical companies which may have vested interests in promoting particular drugs and it points to the need for a holistic approach to understand the pandemic, the need for high quality robust data, the need for comparative research and the need for a much better understanding about the nature of risk. Risk to infection varies in relation to the extent to which people have access to tests and hospital treatment, differences in socio-economic status, differences in ethnicity/race and class, differences among 'vulnerable' categories of persons (those who are or aren't shielded, those unable to access health care, those working in the health sector etc.) and the absence of reliable, up-to-date data. Unfortunately, governments around the world have failed to

adequately balance the need to protect the health of all citizens, especially the poor and vulnerable, against the cost of continued support for private health care.

Finally, I want to draw reader's attention to the fact this journal has a dedicated 'Policy Forum' that will appear in each issue which seeks to encourage discussion of contemporary issues facing the discipline. We invite professional associations to contribute short articles of three to four thousand words discussing key issues facing their members (though longer articles are also welcome). Discussion might focus on cuts to funding which jeopardize teaching and research, new challenges facing the discipline, the impact of Covid-19 on the financial viability of universities/departments, the impact of ongoing neoliberal reforms affecting Anthropology departments etc. In this issue Elżbieta Goździak, writing from Adam Mickiewicz University in Poznań, comments on the precarious state of Anthropology in Poland.

I hope readers will enjoy this issue and I look forward to reading your contributions to future issues.

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