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What are the personal and academic reasons behind your becoming a Nepal researcher?

Nepal had long been a country I wanted to visit, and also perhaps one day work in. It is difficult now to recall the emotions I had, but they had been moulded, probably, by a combination of the place that Nepal has in the UK imaginary, that of climbing Everest, and the films and climbing books and travelogues I had read. I had also been interested in Buddhist thought for a while, and although not specifically related to Nepal, this also informed my desire. I remember long hours spent looking at maps when I should have been studying for my medical degree! My brother then visited and traveled with my father to the Everest region in 1982, and they brought back photos and travel tales as well. I think that there may have been a sense of dissatisfaction with the material excesses of the UK but I may be reading what I now know of orientalist desire into my own memory.

I had first contacted the Britain Nepal Medical Trust (BNMT) as a medical student in 1983 to ask about the possibility of doing my elective (an overseas medical work placement system), but had been unable to do so. I visited Nepal in 1987 for a number of weeks, trekking. In 1989, several years after qualifying in medicine I applied to work for the Trust and started work in mid 1990, as a doctor working in two tuberculosis clinics in East Nepal. This job evolved into one of training government health workers and managing eight district clinics during a process of integrating services with government and working myself out of a job so that an expatriate would no longer be necessary. At this time I remain both a trustee of BNMT, as well as the chair of the TB subcommittee (now the programmatic subcommittee). I also worked with tbnet – a web based service that also ran annual conferences in Kathmandu – till 2002 when it was dissolved.

In December 1993 I married Radha Adhikari, a Nepali citizen whom I had met while based in Biratnagar and on returning to the UK undertook a masters degree in medical anthropology. I chose the School of Oriental

and African Studies (SOAS), not because of its Nepal links – of which I was largely unaware – but because I was attracted to the contents of the medical anthropology masters course. (I was unable to take the regional South Asian ethnography course, as I had to take an introductory course in anthropology, and I was not given permission to audit the Nepal culture and society course). I chose to write my Master's thesis on the socio-cultural components of tuberculosis in Nepal. After this (while Radha did a course in health promotion) I worked in community health programmes with partners in India while deciding whether or not to undertake a PhD in (medical) anthropology. This I undertook at SOAS, and submitted my thesis in September 2002, after 20 months of fieldwork between 1998 and 2000. I defended it in mid 2003.

Why did you shift from being a medical practitioner to becoming a student of medical anthropology?

I am not sure that the reasons were necessarily that clear at the time, so I am in danger of reading the past from the clarity of my present situation. As an historian you'd appreciate this, that the fog of the present moment always seems to clear as we get further away from it...! However the decision was based in a combination of the following. While working in East Nepal, the clarity of my initial intentions – that of combining some form of medical practice (to be of some use) with a desire to live in a Nepal moulded by discourses of “utopia” and pre-modern simplicity (just look at the travel literature on Nepal, and I had trekked there before) – had become very muddled. I became increasingly troubled by what I have come to think of as the “structural arrogance” of the over arching development discourse and the politics of its practice. I became more and more intrigued by the “healing” practices that many people were involved with, yet I had little handle on how to begin to understand them. And I became more and more angry at the poverty and structural inequality to which I was witness.

It is not easy spending years working in tuberculosis – it is the poorest and most marginalised who are most effected – without becoming more politicized towards issues of poverty.

However it was not just this, as after we returned to the UK I had not decided clearly what to do, except that I wanted to study, to further understand some of these issues. I looked into doing master's degrees in public health, but it didn't look intellectually challenging enough and I chose anthropology, in no small part, because it seemed a much more academically challenging discipline, trained as I am in medicine. I wanted to push myself intellectually and it was hard work, but by the end of the

course I had been stimulated enough to consider doing a PhD, and continuing in the discipline.

What was the thematic focus of your research for your PhD? Also explain if any British national or disciplinary traditions were important in your selection of Nepal as a research site.

My PhD is on aspects of public health and the impact on relations with other healers and the impact on the ill – mostly performed in Palpa district. Entitled “Magic, mission and medicalisation: an anthropological study of public health in contemporary Nepal” it focuses on a number of health related issues – a history of the mission hospital, the TB programme, the emergence of psychiatric services, the Vitamin A programme and how traditional healers have been both represented and have altered their behaviour within this.

This research I only wanted to do in Nepal – to draw on my original experience working within, and understanding of Nepal. I would not have considered doing it anywhere else. No British (unless BNMT could be described as a tradition) or disciplinary traditions were important in my selection of Nepal as a site, as my original contact with Nepal was not through an academic engagement but through a desire to live and work in Nepal, and became one mediated through discourses of health and development. My research and study of anthropology is, broadly, to further an understanding of these complex mediations. Although I have long been intellectually curious, my interest in Nepal was not really developed within any one particular discipline till I started to study anthropology.

Now that you have defended your PhD, what do you plan to do in terms of new research? In particular, since choosing your PhD topic a number of years ago, have you acquired other research interests during the course of its completion? How do you explain the relationship between your research interests and theoretical discussions in your discipline (medical anthropology) on the one hand, and political and social developments in Nepal on the other?

I am currently turning aspects of my PhD research into articles, placing them in the academic and public sphere. Studying anthropology at SOAS has undoubtedly radically shifted my understanding and relationship to Nepal, which was initially via a health and public health perspective. Broadly speaking my research interests were moulded by the theoretical landscape of post structuralism and critical theory (which has more of a place at SOAS than some other British anthropology departments – and I think that it is important to highlight this, that different departments can have

different theoretical influences), and medical anthropology as applied to the Nepal and Health scenario. I have become more informed by the importance of Marxist theory for understanding Nepal's current realities, and issues surrounding what have been broadly called "globalisation".

My future research will remain health related, but is as yet not clearly defined. I am considering a social and political history of TB control in Nepal, (or some aspect of primary health care) and research done in conjunction with a group Health Watch Nepal co-founded with Mathura Shrestha, Sharad Onta, Anil Bhattarai, Mary Des Chene and Mahesh Maskey. A book project we have in mind, and the intellectual engagement with a range of scholars on this will almost certainly further define this. One further possible area is medical education. What ever this is, it will be certainly influenced by Nepal's currently evolving socio-political scenario. I want the research to be of relevance to Nepal's current state of affairs.

Do you operate from a traditionally defined department or from an area studies centre?

I am currently based at SOAS in the department of anthropology and sociology, but there are strong links with its regional interests. I was hired as a medical anthropologist, not a South Asianist per se, although I am teaching the South Asian ethnography course as well.

What kinds of courses do you teach and what Nepal-related content are included in those courses?

I have just started teaching: At University College London (UCL), in 2001, I taught a medical anthropology methods and classic modern ethnographies course. As a part time lecturer at Brunel University situated near London for one year (2000-2002) I taught research methods, theories around the body, and an introductory course for medical anthropology and one on anthropology and public health. At SOAS, I am teaching a half unit on medical anthropology, and one on South Asian ethnography.

Within the medical anthropological canon there are a number of key works that have emerged from Nepal, such as Robert Desjarlais' *Body and Emotion* (1992) Judith Justice's *Policies, Plans, and People* (1987), Vincanne Adams' *Doctors for Democracy* (1998), and the various articles of Stacey Leigh Pigg in particular. I run sessions on critical readings of these texts, in which we look at issues around the relationship between empirical research and theory and ideas, how it is written, how much the work is theory driven etc. I am able, for these works, to apply my broader understanding of Nepal to assist the students in working through their critical readings.

Initially while developing the South Asia Ethnography course, the second half of a unit that has already dealt with some of the major theorists (Louis Dumont, Mckim Marriott, etc.) within the context of an historical and political milieu, my brief was to build on this, and bring in some Himalayan material, as the other lecturer had a South India research perspective. It is how to bring Nepal into this broader South Asian context that is causing me the most difficulty. After looking at a number of reading lists of those before me, and the content of the only other Nepal focused course in the UK, the course will look at a number of issues, with particular reference to Nepal – health related issues, ethnic identity, political and communal violence, gender issues and consumption and globalisation. Three weeks will focus exclusively on Nepal – and I shall pose questions about the relationship of broader theoretical and other ideas outside of this empirical and political context – namely, ethnic identity, the rise of political violence in comparison with Sri Lanka, Ayodhya and Mandal, with readings from Veena Das' *Critical Events* (1995), Valentine Daniel's *Charred Lullabies* (1996), Thomas B Hansen's *The Saffron Wave* (1999), amongst others, and issues around gender. Within health and consumption too, there will also be a considerable Nepal bias. Part of the problem is, despite teaching on South Asia, I do not think I am a "South Asianist", nor indeed a "Nepal Specialist". My main interest is in health, and the links between medical anthropology and public health, within the Nepal – rather than broader South Asian – context.

Where have you published your Nepal-related articles and essays? Please attach a list of your publications with full details.

These have been published in various places. The list is given at the end of this text.

Do you converse productively with colleagues doing research and other works related to Nepal in the UK, other parts of the world and Nepal? If so, how?

In the UK extensively with David Gellner, Mike Hutt, Judy Pettigrew, Chris McDonough, Mike Wilmore, Celayne Heaton and others (via all media) as well as at Britain Nepal Academic Council (BNAC) seminars, and the seminars organized by Mike Hutt at SOAS. In the US Judith Justice (e-mail, conference, phone) – we presented together at a Brunel conference – and now Sara Shneiderman (e-mail, face to face).

I converse extensively with Sharad Onta, and others – by e-mail mainly, and the Healthwatch team. Sharad and I have tried to get work and letters published (unsuccessfully!). We wrote an article together, but did not get

it published, and a letter to *The British Medical Journal* which was not accepted. Also Mathura Shrestha reviewed my article on globalisation (for a book edited by Mary Des Chene) and it was broadly reviewed at a meet in Kathmandu. I have also presented work in Kathmandu at tbnet conferences, and at a mental health conference, as well as attended seminars on health related issues (PHECT), with intellectual engagement with a range of people. This contact is currently increasing, and I consider this to be most important.

In the TB world I converse with those involved in the TB work (including those who work on research and programmatic issues in Nepal) – I also have engagements with those in Public Health at the London School of Hygiene and Tropical Medicine. I also try to engage my evolving understanding of Nepal with BNMT, and other development workers working in the UK. Finally, I am involved with – invited along to – an initiative started by International Alert, that focuses on Nepal. I have missed the last few meetings, and am still unclear what the overall aims and objectives are, but the concerns were focused on human rights and issues related to the Emergency. Judy Pettigrew knows more than me about this, so perhaps you should ask her. It is my hope that the emergence of my published work will further widen networks of engagement.

Are there other UK researchers who also work in your field of medical anthropology? If so, how would you characterize their research interests vis-à-vis your own? What is the nature of your engagement with these colleagues?

Judy Pettigrew (and David Gellner has done a little on medical anthropology). We are in continuous (and, I think, productive) discussion all the time. Particularly with Judy Pettigrew's recent work which is all about health and healing, and the delivery of services, in the Emergency. Judy and I are currently writing something on the problems around doing fieldwork during the emergency. And David lives just up the road (by chance) so we see a lot of each other anyway. I think that it can only be beneficial to have others researching similar things as it mitigates against an interpretive omniscience.

You have either collaborated with, or intend to collaborate with other researchers of Nepal on scholarly projects. What has inspired you to execute such collaborative projects given the individual nature of most UK based work on Nepal?

Firstly, I am researching into issues around health. This has to be collaborative in my opinion – cross-disciplinary, involving both practitioners and

academics, and crucially those in Nepal (not just as research assistants). Nepal's contemporary health related issues should define future research; this has to be done in collaboration. Research findings should be placed into the public forum, most crucially in Nepal, and challenged, debated and discussed. If I am dealing with issues around 'health' (however defined) and service delivery and policy, then, this is for me crucial. I am involved with a group – *Sakshi* (Health Watch Nepal) – public health trained and anthropologically trained activists and academics, and we are attempting to think critically about Nepal's current health related issues. In part it is our desire to try to create space for research and debate that is not channeled immediately into already decided developmental agendas of the likes of the World Bank, and Bilateral agencies, who, unfortunately in my opinion, siphon off all the best research talent because they pay such huge salaries. We should be considering what the implications of this might be, and researching the practices around this as well. This involves speaking the 'truth' as honestly as we can, and not as others would wish us to see it.

But also, to be honest, I prefer working with others. I enjoy teamwork, despite the (individual) compromises that have to be made, because it is in open discussion and forums where ideas are shared that the best insights emerge from. It is unfortunate – probably because of the intense competition within academia – that such individualism (as you have highlighted) is rewarded. It is in part linked to competition for funding, and that we are rewarded for our publications outputs etc. I personally think it is damaging, works against collaboration, and don't like it. Call it a stubborn form of ideological resistance as well!

What institutional and human resources were available to you as a graduate student?

SOAS library, and the bibliographies published in *Studies in Nepali History and Society* (the gender one in particular in vol. 2 no. 2, 1997) were useful. My research guide was Kit Davis, who teaches medical anthropology and knows little of Nepal – but has an eclectic intellectual range of interests. I chose her because of her medical anthropological and theoretical interests. By the time I had started my thesis, Lionel Caplan had left the anthropology department at SOAS and so my second supervisor was David Mosse, who researched and worked in South India, and also teaches the Anthropology of Development course.

What kinds of funds were available for your graduate studies and for field research in Nepal as well as for the final write-up of your dissertation?

I self-funded both my MA, and the first year of my PhD, from money we had saved while working with BNMT and later Action Health. Radha also did an MSc (in health promotion) which we self-funded. This required that one of us was working full time, while the other studied, just to get us through it. I received three years funding from the Economic and Social Research Council (ESRC) after applying for a second time, at the end of the first year of the MPhil. While writing up the dissertation I also had to work as a lecturer at Brunel University. Without the ESRC grant I would not have been able to perform my research.

Other than the PhD grant from ESRC, what other funding resources in the UK (and outside of the UK as well) have made it possible for you to continue your research on Nepal?

As of yet, none. Follow up trips have been for other work (tbnet) and family – personal (we had to take out a loan for this one!). I suspect that some funding may be available for future research, for example from the British Academy, or the Leverhume and the Wellcome trusts. I'll start looking into this in more detail soon.

What is the job market like for someone with your qualifications (medicine and medical anthropology)?

I have been lucky with short time work and was approached by both UCL and Brunel while writing up my PhD and asked to teach. My combination of skills, as a doctor of medicine trained in anthropology makes me well placed for medical anthropology jobs. I was interviewed for the two-year SOAS job in medical anthropology (as a replacement for a lecturer who received a large ESRC grant to work in South India) and was offered this before I had even submitted the PhD. My Nepal experience was I think secondary to this, although my "Himalayan" focus was welcomed.

Given the current crisis of funding in higher education, I do not feel optimistic about the job market in the UK. Well, for most of the jobs in anthropology departments, what they require are social anthropologists, rather than medical anthropologists (and I regard myself as a trained medical anthropologist, rather than a social anthropologist per se). As such my previous medical training and experience in health and development may actually disadvantage me. And I don't want to just teach social anthropology. For the time being I want to work out of an anthropology department, although I could well shift to a school of public health in the future I suppose. Getting tenure is difficult, and for many junior scholars there are increasingly longer periods of temporary part

time work. I am still uncertain as to what future direction I will head in, for a number of personal and work related reasons.¹

What can be done to arrest, or reverse, the declining support for social science research including anthropological research on Nepal in the UK?

I am not sure, as it is linked to a whole series of issues around the changing political economy of higher education, the links between research and teaching, the status of anthropology etc. here in the UK. Increasingly research and teaching, as they are democratized are linked to demand – student demand, and also demand from future employers (be that industry or development). I would need much more time to think this through and with others in dialogic environment. It might be an idea to discuss this openly in a broader forum

Is a new generation of Nepal researchers being produced in the UK?

I am not really in a position to answer this in any detail.

What is the attraction for this new generation to study Nepal?

My guess would be that given the current political crisis and rising levels of violence Nepal is less of an attractive place to research now for the new generation. As part of the new generation myself (at least in terms of an academic trajectory), my own commitment is absolute, but that is for as much personal reasons as others. I have heard of at least one PhD student who is now going to India rather than Nepal, because of the current situation.

Are the conditions of their recruitment different from the time when you entered the field?

In academic anthropology job prospects have always been limited, but I am not sure how many of those who have studied in Nepal to PhD level have continued on this trajectory. I think that there are more jobs in the development (and thus applied) market, than academic – this would be an interesting thing to find out more about.

Do you communicate about your research with the national public at large in the UK? If so, how do you do it and how often?

¹ After completing these responses, I was interviewed (in June 2003) for the position of Lectureship in Social Anthropology at the University of Edinburgh and was offered the post. I will be assuming my position there in early 2004.

I have presented at sessions organized by the BNAC on issues of medical practice in the Emergency, and co-signed a letter of concern to the Nepali Prime Minister. I have written an article for the Health Exchange as well, which was widely circulated to development workers. This is an area that I shall work on more as I develop particularly a more journalistic writing style. Unfortunately, such writing is completely unrecognized as being of any “academic value” – and so not included in assessments for academic positions. I have also given talks on TB and its control at conferences etc.

What is the relationship between your current or past research and discussions in the various Nepali public spheres? Do you find that there is a tension between representing Nepal to your colleagues in the UK and making your research theme and conclusions ‘relevant’ and accessible for discussions in Nepali society?

Aside from conferences, I have written a number of articles for the Kathmandu magazine *Face to Face* (all have been translated for the Nepali language magazine *Haka Haki*), one on privatisation seems to have circulated widely. One problem is just physical distance. It is just easier to write or give a talk in the UK because that is where I am based. I think that theory is also valued highly (over and above its relevance to Nepal) within an academic sphere in the UK. Research done in Nepal thus has to be “translated” into broader theoretical issues that can be understood outside of the Nepal context. While writing my PhD, for example, at one of the post fieldwork seminars I was told that my work was too “local” and could not be understood by someone with interests, say, in Indonesia. The process of writing the PhD demands that certain local idioms are translated (away) into a more generally intelligible English. Another point, as I realize now from the translation of my Globalisation article (for the volume edited by Mary Des Chene) and one of the *Haka Haki* articles, is related to the difficulties of finding appropriate Nepali idioms to express more complex theoretical ideas. As Anil Bhattarai said in translating the Globalisation article, “Nepalising” it was difficult. Part of the problem is that I think in English, and the relationship between language and the way in which thought itself is structured cannot be underestimated.

Yet theory is important – like, for example, understanding the complex links between representation and its politics (not least orientalism and here Foucauldian theory, via the likes of Edward Said, have had a massive impact), and how theory moulds the interpretive structure of the so-called “facts” about Nepal. I have noticed a divide in some writings in which Nepali scholars will attack foreign scholars on getting their “facts” wrong, and while important if this is so, it is problematic if this acts as an excuse for not engaging more

with the important theoretical ideas. Some junior British researchers are also nervous about engaging in Nepal for fear of being either personally or otherwise aggressively engaged with. Martin Chautari, for example, used to have a reputation as being hostile to foreign researchers!

An awareness of the fact that too much scholarship done by foreign scholars, still never gets back to the Nepal public sphere, yet importantly moulds an academic perception of Nepal informs my desire to share my work, however it is received.

How has the availability of many Nepali newspapers in the Internet impacted your work as a Nepal researcher based in the UK? Are their contents of research value?

Definitely they are of research value – for example, I will be looking at the discursive construction of health in relation to a number of issues (like traditional healers and their practices) and newspapers will be a valuable resource for this. One of our planned projects with *Sakshi* – Health Watch Nepal is to attempt to develop a volume (with an introduction on how to read work – like for example distinguishing propaganda from more empirically based research pieces) on health writings in the media in Nepal. Currently, though, I have not used the Internet resources. Although during my PhD fieldwork I did cut out large numbers of relevant articles and paste them into scrapbooks, I won't have to do that so much!

How do you evaluate the state of Nepal Studies in the UK at the moment? Do researchers on Nepal languish at the margins of South Asian Studies in the UK?

I am unsure on this. Nepal Studies, as such, do not really exist. There is, though, an ever-expanding corpus of UK scholarship on Nepal. I have not really actively charted how Nepal stands in the broader relation to South Asian scholarship. Yet, as mentioned above I am having some difficulty with the designing of the South Asian ethnography course. Inevitably this will contain more Nepal material than elsewhere, but that is in no small part due to my own interest rather than any over arching sense of how Nepal stands in South Asian studies more generally. It has been pointed out to me – by others studying South Asia – that Nepal scholars do tend to not engage as much as they could, and I suppose that I am a good (or rather bad?) example of this.

Finally I hope that these comments, rather than being perceived as final, will act also as part of an ongoing intellectual dialogue over the coming years.

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