Conclusion: Keeping the Life Going.

My grandfather was the first to plant mango seeds on Mfangano Island. There is an old fear among the Suba that when a man plants a new type of tree, his life will end when the first fruit ripens. My grandfather assumed this risk so that our people here could grow mangos. Today my family is still respected around the island for this reason. If you are talking to me about a new type of seed, I am not afraid to plant it.

- Joel “Magioki” Oguta, Organic farmer, Kitawi Beach, Mfangano Island (Jan 7th, 2009)

A fundamental conviction behind evidence-based biomedicine is that effective medical treatments target the causes of disease and not merely the alleviation of illness symptoms. Thus, a clear delineation between etiology, the study of disease causes, and symptomology, the study of disease affects, is crucial to the theory and practice of allopathic medicine. Without question, biomedical research and new technologies are rapidly expanding our repertoire of investigatory

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1 Magioki Oguta overlooking cornfields above Kitawi Beach, August 4th, 2007 (photo by author).
tools and techniques, enriching our knowledge of the human body and its ailments. Yet, our most advanced inquiries and medications, I suggest, remain partial at best, unable to trace the full course of pathologies from revelatory signs all the way to root sources, so long as biomedicine is bound by the notion that the physiology of disease takes place exclusively within the body. The fact is, infections not only sap strength from our persons, they tremble the foundations of our communities, and reverberate across the ecosystems of our planet.

In this dissertation I have suggested that it is time to challenge bounded, neo-Darwinian constructions of our human organism, and recognize that many diseases are the enfolded symptoms of broader disequilibriums that are now unfolding across our social and ecological environments. The syndemic impact of Nile perch and HIV/AIDS among the communities of Lake Victoria is a poignant illustration that the pathology of parasitism can span biological, socio-economic, and ecological domains. In overcrowded and underfunded hospitals, during frequent funerals, on struggling farms and drifting fishing boats, I learned that our medical interventions must assume broader responsibilities if we seek to target the true sources of sickness. We must tackle disease as a complex function of micro-organisms, social structures, and ecosystems that are now straining under the intense pressure of human activity. Notions of social justice and ecological sustainability must not be isolated as political ideals, but must be championed as integral to the treatment of disease. In this endeavor, holistic anthropological approaches have much to contribute. Tim Ingold:

The aim of a holistic anthropology… should not be to bolt together components of being—such as mind, body, and culture—into which it never should have been carved in the first place. In a world of ever growing lines, loose ends proliferate. Our job is not to turn them into an integrated and complete totality, but to make the most of the possibilities they afford, both scholarly and political, for keeping life going (Ingold 2007c, 87).

In terms of health, relational thinking has an important place in elaborating possibilities, not only for keeping life going, but understanding the interconnected quality of the lives that our medicine seeks to improve. As ethnographers explore the breadth of medical knowledge around the world, we can gain much from indigenous perspectives that have never separated health into the isolated spheres of normative physiology or social determinants. Relational health concepts like the Cree notion of miyupimaatisiun, which Adelson translates as “Being-Alive-Well” (Adelson 1998) emerge as highly attentive commentaries on the organic nature of the relationships that constitute human wellbeing. Similarly, the sentient ecological discourse of the
Suba on Mfangano Island reflects local recognition that human health is intimately tied to the vitality of social networks and the sustainability of local ecosystems.

In the 21st century, as we begin to better understand interconnected global processes, we are starting to appreciate more ecological conceptions of health, such as one now advocated by *The Lancet*: “the ability to adapt” (*Lancet* 2009, 781). Thus, as we recognize the importance of biodiversity in the implementation of global warming mitigation policy, we must also appreciate the vast diversity of local medical knowledge in the formulation of global health strategies. Just as biodiversity allows our ecosystems to adapt to new pathogens, species migrations, and climate changes, the thriving diversity of medical knowledge on our planet affords a wealth of resilience and adaptability. Local perspectives provide valuable insight into the unique relationships that allow humans and their ecosystems to be-alive-well in equilibrium. An organic health response to disease, as such, does not entail the implementation of a universal international plan, no matter how holistic it claims to be, but rather an attitude that champions symbiotic relationships through variable approaches within gastrointestinal tracts, grassroots enterprises, and global commodity chains. The voices of my friends on Mfangano suggest to me that prescriptions for organic health must continually privilege a local balance of difference.