Introduction:
Infectious Diseases as Agents of Change

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In past and present societies, infectious diseases have acted as agents of change in terms of human biology, behaviour, social structure, and language. Human actions, in turn, contribute to changes in pathogen behaviour, structure, and evolution. Anthropology provides a useful lens with which to examine the many ways in which pathogens and humans interact in order to facilitate both biological and cultural adaptations to the impact of infectious diseases on human societies, and vice versa, both past and present. As a broad area of focus, the anthropology of infectious disease encompasses contributions from all subfields of anthropology, integrating data from clinical, epidemiological, public health, and archaeological studies to build a holistic view of relationships and interactions between humans and pathogens. This was the focus of an upper level course on the anthropology of infectious disease at McMaster University, in which senior undergraduate students developed anthropological studies conceptualizing infectious diseases as agents of change. Thanks to the hard work and dedication of the students in this course, as well as our graduate student peer reviewers, these students’ contributions to anthropological scholarship on infectious disease can be found in this special issue of NEXUS: The Canadian Student Journal of Anthropology.

In this issue, Saini (pp. 2-12) looks at the effects of the 2010 cholera epidemic in Haiti on United Nations policy for reducing the spread of infectious diseases on its peacekeeping missions, evaluating what changes have been made, what further changes are required, and how this relates to Haitian attitudes toward disease transmission and this country’s unique sociopolitical history. Monette (pp. 13-22) examines the implementation of the “ABC” method for HIV prevention, using examples of cultural barriers encountered in sub-Saharan Africa to highlight contributions that anthropological research can make in designing interventions relevant to a Belizean context. Warren (pp. 23-33) uses a social epidemiological perspective to examine connections between poverty and tuberculosis transmission in South Africa, highlighting the long term effects of marginalization and social stratification on black South African as well as Indigenous Canadian populations, and exploring ways in which treatment programs can account for indirect costs of care and protect vulnerable individuals. Yousufzai (pp. 34-43) analyzes income status and education as factors that both contribute to and are affected by HIV infection in South Africa, elucidating the ways in which past and present relationships between these factors perpetuate the cycle of poverty and HIV in this context.