TB, not TB, and everything in-between: Understanding productive uncertainty in a mass public health screening

Although large-scale public health screenings for tuberculosis (TB) have fallen out of favor in recent decades, a transnational experiment to revitalize the practice is taking place in parts of the US-affiliated Pacific where geographically-bound small populations suffer extremely high rates of TB. This presentation is based on six weeks of pilot ethnographic study of transnational public health responses to TB during a mass public health screening in the Republic of the Marshall Islands (RMI). I present this “screening machine” as a global health biopolitical project and describe its operations through the choreography of a vast array of actors and actants that become enrolled in this socio-technical assemblage. I pay special analytical attention to the process of “case conferencing” wherein local and international health professionals discuss “difficult” or “suspicious” cases of TB identified through the screening apparatus and decide on a course of therapeutic action or inaction. Despite presumed standardization of TB categories and treatments under biomedical rationality, these data from the RMI suggest a wide-array of diverse, contingent, and at times contradictory ways of knowing TB co-exist, and become more apparent in cases of diagnostic ambiguity. I argue case conferences server a prime example of this process and demonstrate the collaborative nature of biomedical interpretations of material reality as mediated through inscription devices and visual technologies. The resultant knowledge politics and the diagnostic objects they stabilize have further social and political implications in this context of extremely limited healthcare resources, high TB rates, and the ever-looming threat of multi-drug resistance.