GRAPHIC POSSIBILITIES: ETHNOGRAPHIC COMIC BOOK ABOUT HEPATITIS C AND INJECTING DRUG USE ALEKSANDRA BARTOSZKO

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The ethnographic comic book, *The Virus* (Bartoszko and Ponomarew 2016), is a result of a collaboration between a social anthropologist, a graphic artist, and active and former injecting drug users. The project was a part of my doctoral work on pharmaceutical treatment of opioid addiction, for which I conducted 14 months of ethnographic fieldwork among patients and health providers in opioid substitution treatment in Norway. For this collaborative project, I conducted additional in-depth interviews with patients who had hepatitis C about their experiences and reflections on the infection and treatment. *The Virus* is based on a story of one of my interlocutors, Iren Magnussen, which I ordered and transformed into a coherent plot from dozens of unfinished conversations. All the texts in the comic book are quotations of my interlocutors, mostly Iren. In addition, we included a poem found on an international peer forum for people with hepatitis C. Theoretical inspirations for the project came from the phenomenological studies of illness, critical medical anthropology, and actor-network theory.

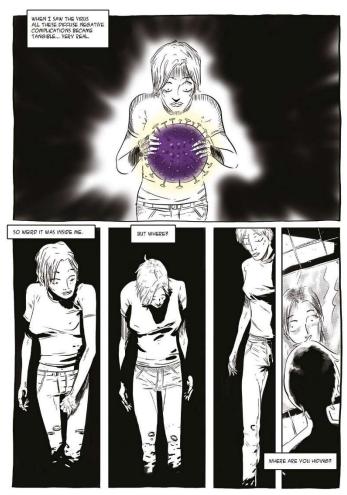


Figure 1

Iren was an active collaborator during the process. She organized financial support from a user organization, collected additional data such as other people's current and former injecting practices, read a storyboard I had prepared for the artists, commented on the first drawing drafts, helped to contact a low-threshold clinic, and co-organized a book launch there.

In the book, we explore the logics of infection technologies, infection, risk management (Fig. 3, 4, 5), stigma, and subjective understanding of disease and the body (Fig. 1, 2, 6, 11, 12). In addition, the book sheds a light on patient-doctor communication (Fig. 7), dissemination of medical knowledge (Fig. 2, 7, 8), and patients' quest to understand biomedical explanations of the disease (Fig. 2, 8). Moreover, the project emphasizes the structural conditions around prevention, treatment and social inequalities. The selective focus of harm reduction including cultural perceptions of hepatitis C and HIV/AIDS (Fig. 3, 10), clinical research, and the pharmaceutical industry's role (Fig. 9) are key elements.

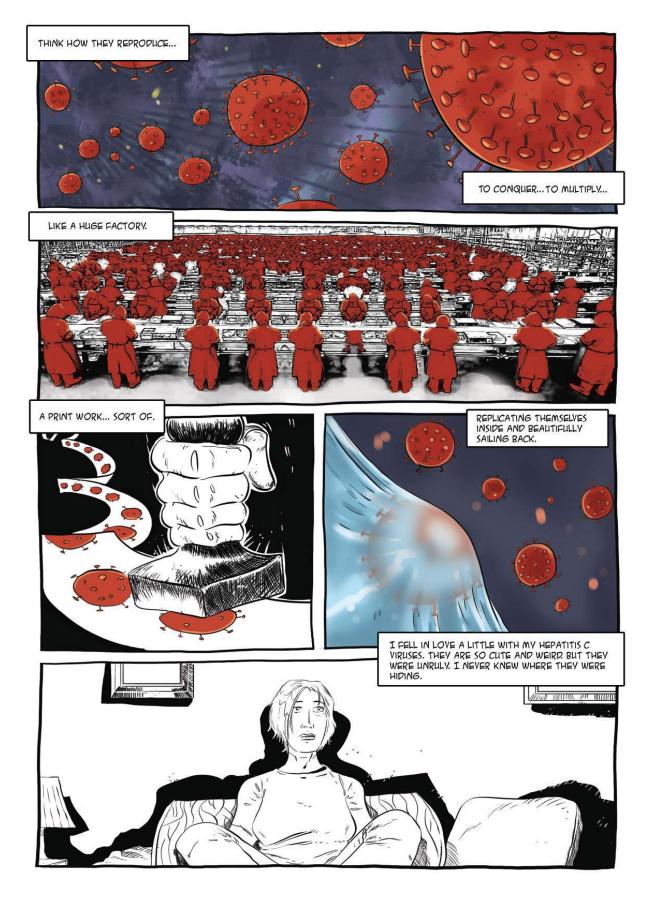


Figure 2

Why comic?

While my former graphic work (Bartoszko, Leseth, and Ponomarew 2010) was a deliberate strategy to reach an audience fed up with 'yet another report that nobody will read' (Bartoszko 2011), this project arose from an emergent experience of the inadequacy of writing. When Iren spoke about her hepatitis C treatment for the first time, I was fascinated by the way she described the disease, particularly the intimate relationship she had developed with the viruses. She used a very visual language to explain her understanding of the treatment process (Fig. 11, 12) and described the viruses (Fig. 1, 6, 7, 11) vividly and animatedly, yet without alienating personification. Immediately, I was eager to disseminate these impressions. I realized, however, that theories and analytical insights would shadow Iren's imagination and lived experience, and taking pictures of these experiences was impossible. As she talked, I decided that Iren's story needed a graphical frame.



Figure 3

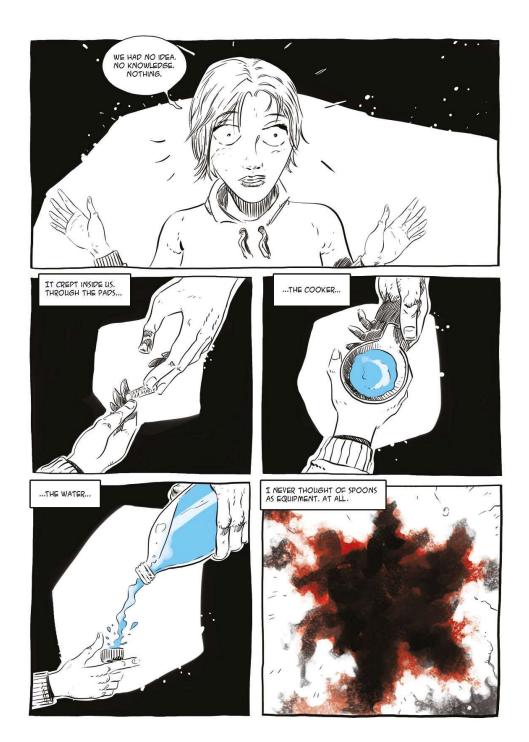


Figure 4

As an active member of a drug-user organization that focuses on harm reduction, Iren immediately saw a non-academic benefit of this idea: the comic book could be used to promote safe drug injections and hepatitis C testing. Through Iren's story, we could balance the more traditional educative approach, which appeals to fear of the disease, revealing limited knowledge of drug users' risk management, lived experiences, and emergent needs (Fig. 5), with a product that could address the needs of my interlocutors, who often felt offended by the available health materials with an infantilizing aesthetics, often depicting virus as a kind of monster, vampire, or smiling cartoon figure.



Figure 5

In addition, an engaging narrative would encourage people to read the volume, which is not the case with traditional health writing. Indeed, scholars and health educators have emphasized the effectiveness of visual materials, including comics, in educating patients encouraging their use in health and social care (e.g. Green and Myers 2010; Katz, Kripalani, and Weiss 2006; McNicol 2017; Park and Zuniga 2016).

Iren was right: a realistic comicyet one that included subjective imaginaries—attracted attention from users health and professionals. We successfully launched the book at the syringe exchange site and low-threshold hepatitis C clinic in Oslo, and internationally during the 5th Symposium of the International Network on Hepatitis in Substance Users (INHSU), where all participants received a copy in their conference tote bags. The reception from the local medical and harm reduction community was

very positive. Copies have been ordered by the Health Directorate, local hospitals, and low-threshold sites for distribution to users and to health professionals, who can gather insights into patients' subjectivities and logics.

In 2011, after finishing my former graphic project, I was asked if a comic book is an appropriate way to disseminate anthropological knowledge. My answer is still valid today:

I would not say that comics are appropriate to present work engaged in theory development. But is every anthropological text about theory? We read so many articles, monographs, reports and listen to conference papers which actually present nothing more than ethnographic description. Are they less scientific? Well, this question should be answered by anthropologists in the nearest future. For if pictures tell and do just as much (or more) as words, we should take a serious look at the condition and purposefulness of writing in anthropology and academia in general (Bartoszko 2011).

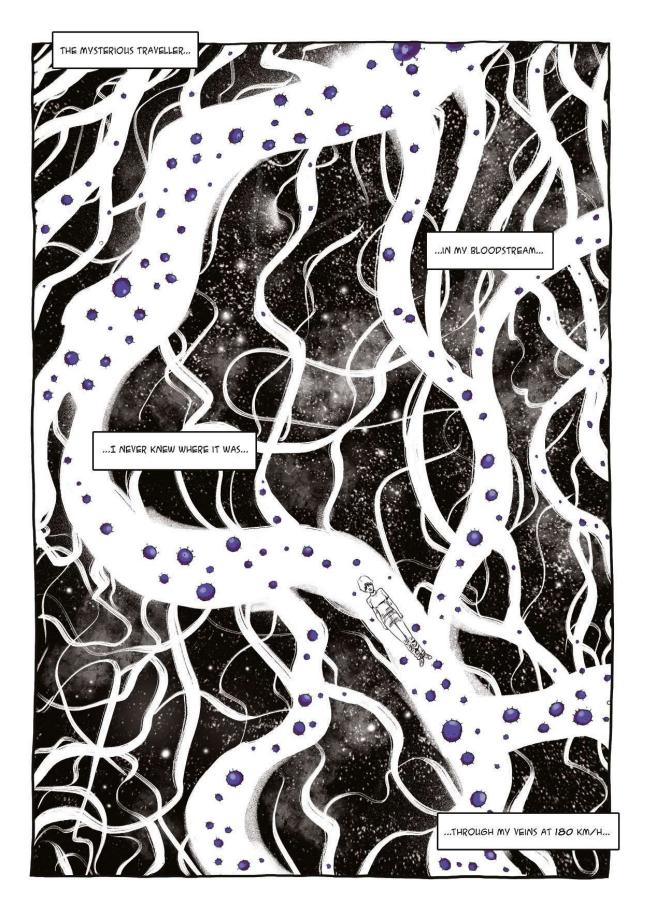


Figure 6



Figure 7

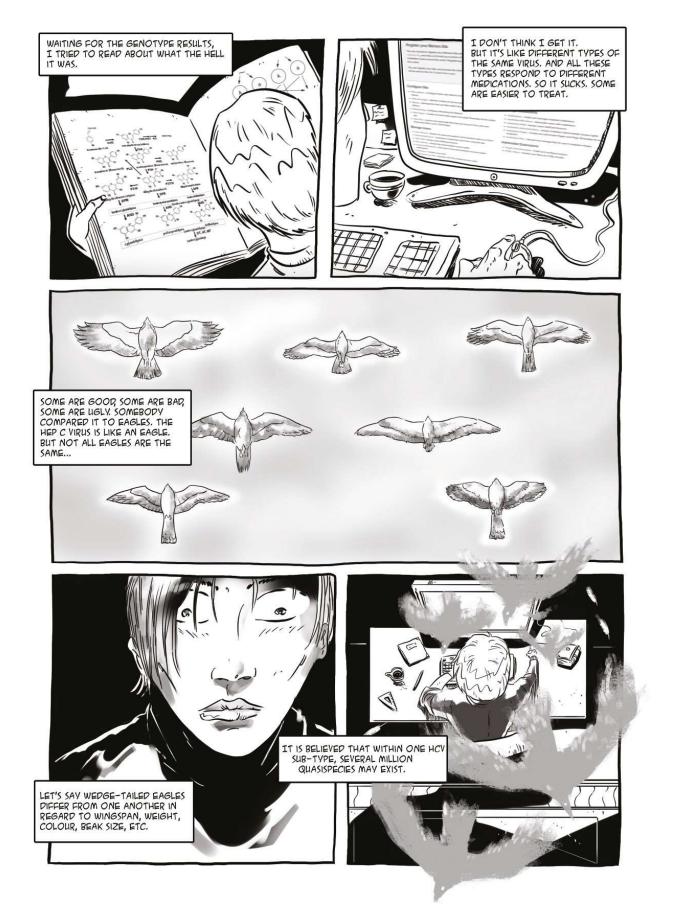


Figure 8

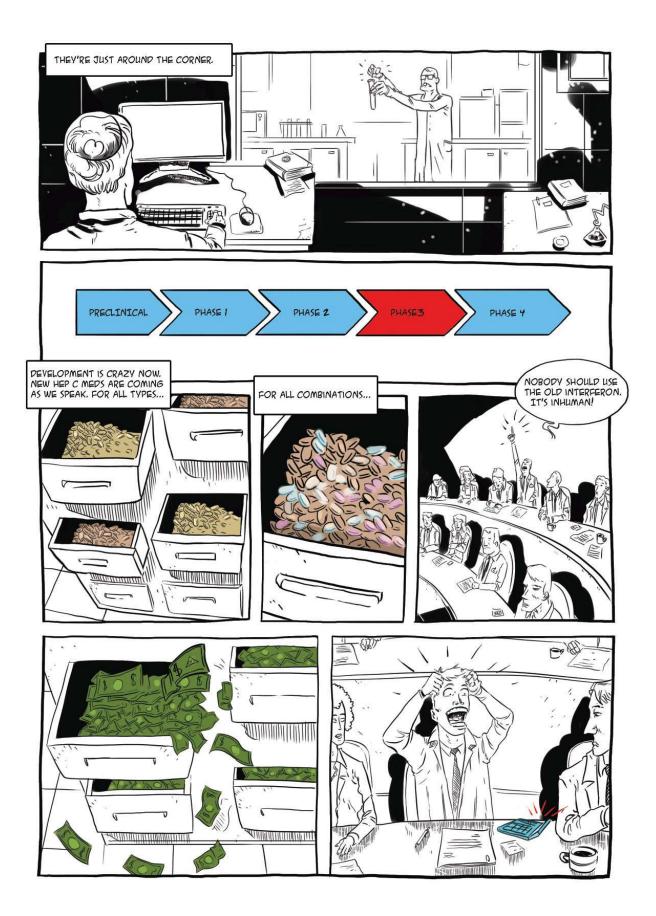


Figure 9

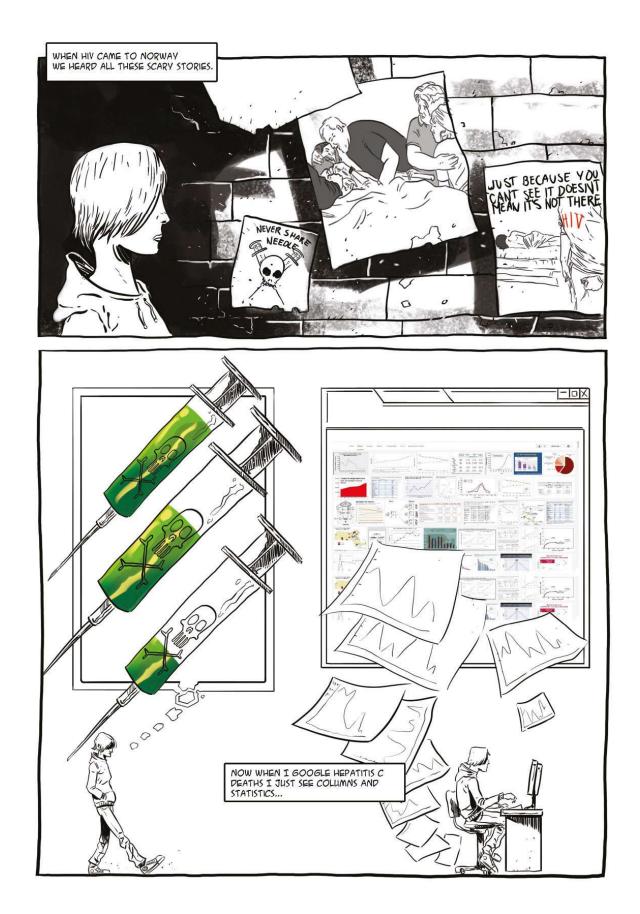


Figure 10

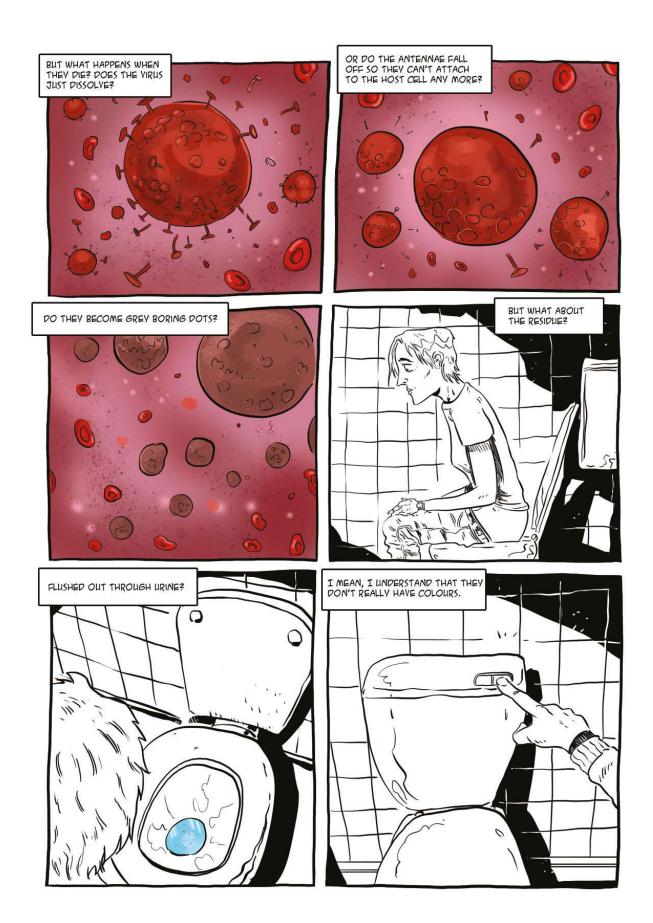


Figure 11

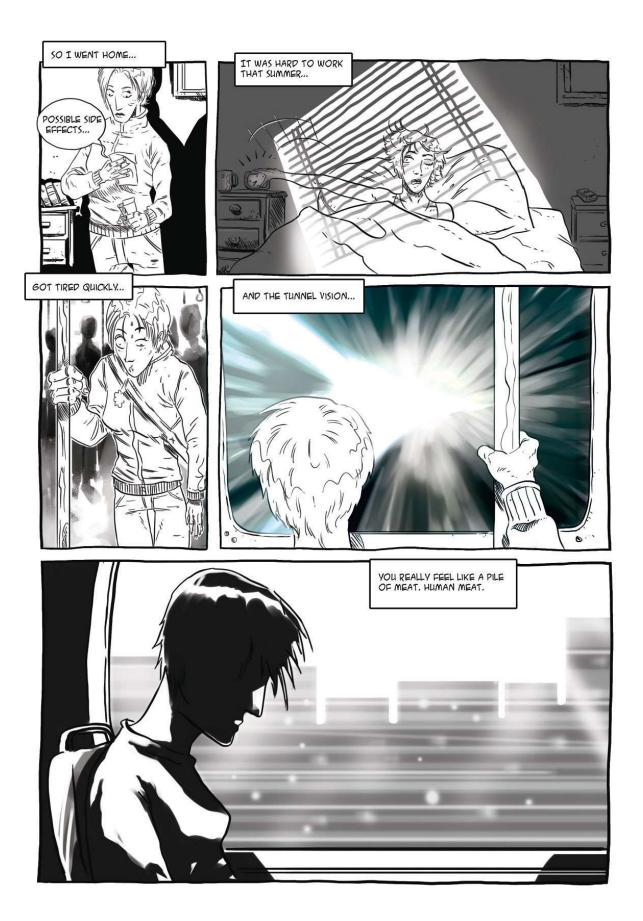


Figure 12

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Acknowledgments

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