

### Slide 1

I'll speak today about our effort to understand environmental health problems, science and governance in cultural terms – asking how these things challenge the order of things, so to speak – conceptually and operationally. The research was done in the context of The Asthma Files project, an on-going, experimental and collaborative ethnographic project. The project is experimental in its collaborative aspects, and in its persistent effort to carry out cultural analysis in a manner that helps advance environmental health science and governance. We strive to learn why is it so hard to make environmental sense today – despite increasing evidence of environmental harms. We thus need to characterize these harms, and their many determinations, and the categorical and cultural forms that work against apprehension of them. We also strive to help articulate conceptual, rhetorical and organizational alternatives, through which environmental health can be understood, cared for and governed in new ways.

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Many people have been involved in the effort, including students at many stages of their education, at a number of different campuses. Our current group includes...

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A key challenge, we've learned is in bringing different knowledge forms together – knowledge from different scientific disciplines and geographic contexts, from people suffering from environmental health problems, and their caretakers. Thus the significance of the kaleidoscope as a signature image of the project, and for the digital platform, the Platform for Experimental and Collaborative Ethnography, on which it runs. What we hope to enable is what we think of as kaleidoscopic insight – insight that results from bringing different knowledge forms together.

In so doing, fundamental challenges to established cultural order come into view. It becomes clear, for example, that

there are many “actants” and scales of operation in the making of the everyday that aren't easily visualized with habitual social theory/analytics. One needs much more than the micro, meso and macro to understand how the systems we live in today comes together –functioning and dysfunctioning, producing positivities, and injuries, meaning and nonsense.

that subjectivity is not only a political and material construct, but also an atmospheric and climatic one. It also becomes clear that “care” is

individual and public nature of public health?

Let me know show you how we got to these theoretical claims, looking at determinations of what we term the “asthmatic subject” in Houston, and in Delhi, and at what enables and undercuts apprehension of asthmatic subjects in Houston and Delhi. I'll return to theoretical implications in concluding.

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Imagine now the many kinds of asthmatic subjects in Delhi. Children, income poor and much more wealthy, all with threatened lung function. People in jobs on Delhi's polluted streets, or other high hazard settings. Older people,