

## Medicine Anthropology Theory

**An open-access journal in the anthropology of health, illness, and medicine**

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### Who we are

*Medicine Anthropology Theory*, or *MAT* (pronounced em-ay-tee), is an international open-access journal in the flourishing field of medical anthropology. We are a reincarnation of the Dutch journal *Medische Antropologie*, which ran for twenty-eight years under the guidance of founding editor, Sjaak van der Geest. We hope to continue the strong tradition of solid ethnography that characterized the original journal, but we also want to ‘open up’ the journal and the field in several directions.

The new English-language name points to one important direction. In our opinion, the field of medical anthropology has been largely defined by North American takes on the subject. This dominance has come about despite a strong presence of medical anthropology in European countries for at least thirty years. In the field of medical anthropology, the metropole is dispersed across a series of mainly elite institutions based in North America, leaving European elite institutions to make up a semiperiphery, and a handful of institutions in Latin America, Asia, and Africa positioned further out in the periphery, some even beyond the pale. To stretch the metaphor a bit further, in typical centre–periphery relations, information and ideas tend to move in one way: North American medical anthropology significantly shapes medical anthropology in the rest of the world, but it is much less common for information and ideas to move in the opposite direction. *MAT* wants to encourage ‘North–South’ and ‘South–South’ exchanges, to be sure. Following Jean and John Comaroff (2012), we strongly believe that the geographical South is and must be more than just a site of application, experimentation, and intervention. In seeking to understand sickness and healing in the era of global health, the South also proves an important site of theory building. Further, we want to make explicit existing divisions among institutions in the North and encourage North–North exchanges. In the current era, it seems English is the only possible language in which such engagements can occur.

While *Medische Antropologie* allowed for publication in either Dutch or English, *MAT* will only publish in English. We will continue to publish reviews of books written in languages other than English; the reviews themselves, however, will be written in English. This will allow people around the world to learn what medical anthropologists are writing about in Denmark, Italy, Germany, and beyond. We also invite people to submit articles in French or Dutch for review. Authors will be given feedback and opportunity to revise in their own language. Once the review process is complete, the article will be translated into English and copy edited for publication. In addition, by allowing for other mediums of communication such as photo essays and film, we encourage researchers to consider presenting their work through means that may require less fluency in English than does academic writing.

Another way we hope to open up the field of medical anthropology is by embracing the concept of open access. *MAT* is an independent journal; we are not affiliated with an academic or other publishing house. *MAT* is a ‘gold’ open-access journal. This means that all of our content is accessible via our website for free from the moment it is approved and uploaded by our editorial staff. We are able to provide this service to the wider global community because of the generous support we have received from the Amsterdam Institute for Social Science Research<sup>1</sup> (Department of Anthropology, Universiteit van Amsterdam); the Chair Anthropology & Global Health<sup>2</sup> (Collège d’études mondiales, Fondation Maison des sciences de l’homme Paris), and the Eradication Project<sup>3</sup> (European Research Council Consolidator Grant, PI Vinh-Kim Nguyen).

We also take the idea of open access a bit further in two key ways. First, our website has been intentionally kept simple (but elegant!). As anthropologists working in Africa, we have too often experienced the frustration of complicated web pages failing to load in a reasonable amount of time. Our website has been designed by the Amsterdam-based duo, Sam de Groot and Joel Galvez, to open quickly anywhere in the world, and also to be easily navigable on smart phones and tablets. The journal’s content is also downloadable, so people can access and share it, even when they do not have Internet access. Second, we have made it our mission to publish clearly written articles with minimal academic jargon. We strongly encourage authors to write with precision. Our copy editors will be brutal! If writing is at the core of what we do as anthropologists, then surely we must strive to write with diverse readerships in mind.

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<sup>1</sup> <http://aissr.uva.nl>

<sup>2</sup> <http://www.college-etudesmondiales.org/fr/content/anthropologie-sante-mondiale>

<sup>3</sup> <http://aissr.uva.nl/research/externally-funded-projects/content6/recent/the-science-and-politics-of-a-world-without-aids.html>

## **Why we are**

*MAT* reflects the success of medical anthropology, its growing audience, and the swelling ranks of its practitioners. But more than that, *MAT* aims to address challenges and opportunities for anthropology in the era of global health. One challenge has been the tensions between ‘applied’ and ‘theoretical’ anthropology: between anthropologists who ‘apply’ ethnographic research in the interest of addressing health issues locally and globally, and those who eschew immediate practical goals in favour of pursuing broader and more abstract theoretical questions.

In many instances this tension mirrors that between medical anthropologists and their more generalist colleagues who work in areas less directly concerned with health issues or medical systems. While the reasons for this tension may at first glance be justified epistemologically, on the grounds that ‘applied’ medical anthropologists accept uncritically the knowledge claims of biomedicine, such a distinction does not hold up to empirical scrutiny. Indeed, one would be hard pressed to find an applied medical anthropologist who must not deal, on a day-to-day basis, with the limits of biomedical claims for her informants and in the practical details of the implementation of public health interventions. Likewise, one would be equally hard pressed to find medical anthropologists who, while pursuing more theoretical concerns, would not at some point consider questions of health relevant or its achievement desirable.

If epistemological divisions have been overstated, then why does this tension remain? In our experience the relative funding success of some medical anthropologists relative to colleagues doing more ‘basic’ research may be to blame. Such success raises legitimate concerns about the danger of being co-opted into a biomedical model of research and publication, something with which all anthropologists have had some experience, for instance, through the growth of clinical research-inspired ‘informed consent’ and other ethical requirements. The tensions also reflect epistemological inequalities that put forward quantitative research as more ‘objective’ and fundable than the work of anthropologists who are at times imagined to indulge in hand wringing. More pragmatically, comparative success in getting funded tends to shield researchers from administrative and teaching duties, leaving at-times resentful colleagues to fill in the gaps. Tracing the political economy of research is analytically useful here because it leads us to the key role of applied medical anthropologists – particularly those who work outside of formal academia, in project-based research funded through grant cycles. These practitioners of applied medical anthropology are the ones who must work with the targets of global health interventions and experience first-hand the contradictions laid bare by global health interventions that project

power over life and death. In this sense they are critically positioned as midwives to ‘organic’ analyses of those whose health is considered the most vulnerable.

### **Why now?**

The current Ebola epidemic in West Africa, and the response to it, highlight some of the key issues that drove us to imagine and create *Medicine Anthropology Theory*. No need to stress here how Ebola is a paradigmatic case of the need to join epidemiology and anthropological forces, not only to understand what drives the epidemic – and its more mysterious ‘disappearance’ from recently expanded Ebola-treatment units in Liberia – but also the response and the myriad forms of adherence, reluctance, and resistance the response has generated.

For many reasons, however, forming multidisciplinary Ebola-response teams that include anthropologists has proven more difficult than might have been expected. Universities based in the United States, concerned about ‘risk management’, have effectively banned academic anthropologists from travelling to the field; European scholars such as ourselves still have to reschedule teaching duties and existing commitments; anthropologists in the field, working for Médecins Sans Frontières and other NGOs, are overwhelmed with the practical tasks at hand. Yet bringing together critical and practical perspectives – the grunt work of addressing global health in out-of-the-way places and among excluded populations, with critical reflection on the political choices and valuations of human life embedded in global health programs – means, essentially, tackling such health inequalities through a critical large-scale understanding of the global order today.

### **In this issue**

In this, our inaugural issue, we have brought together a collection of academic articles and think pieces, a photo essay, a large number of book reviews, and two conference reports. These formats will likely be familiar to our readers. We have also introduced two new formats in our Dissertating and Nightstand sections. In doing so, we hope to expand the scope of academic writing and intellectual reflection in the field to include representations of ideas in the making. Finally, we have created a space to share reflections on and practices related to teaching and learning within medical anthropology, and encourage readers to consider how they might contribute to this forum.

Three of the four articles in this first issue were first presented at the Beyond Biosocialities conference held in Amsterdam in January 2013 (Eli, Reynolds, Schrecker). All three have been extensively revised following a peer-review process that was somewhat delayed due, in part, to our publication schedule. We thank the authors and all the participants of that conference for their patience, as well as their support of this project from the beginning. Soon after the conference we abandoned the original idea of devoting the first issue to ethnographic studies focused on rethinking the concept of biosocialities. Looking at the rich diversity of papers submitted for the conference, it seemed that people were more inspired by the ‘beyond’ part of our call for papers than the prospect of rethinking biosocialities. As a result, the three articles from that conference published here, while taking up the interface between biomedicine and social life, all offer unique insights. Karin Eli explores eating disorders, amenorrhea, and anorexic subjectivities in Israel, and Ted Schrecker brings together political economy and anthropology to interrogate the ‘social cartographies of health’ that have emerged in conjunction with the expansion of global capitalism and global health programs. Lindsey Reynolds’s article examines the way that children and youth are ‘made known’ and counted in the context of health interventions in Kwa-Zulu Natal, South Africa. A fourth article, by Denielle Elliot, takes up the securitization of medical research and programs in Kenya, rounding out the collection.

This issue also brings together five think pieces, two of which focus on health care reform and the shrinking state in Europe. While Kostakiotis and Trakas question the extent to which ‘crisis’ has become an overdetermined concept in defining the current (and historical) state of public health services in Greece, de Klerk and Da Roit explore the inconsistencies within the bureaucratic reasoning that is being used to justify massive retrenchment of state-sponsored care for the elderly in the Netherlands. If de Klerk and Da Roit are worried about the inequalities in care that are likely to be a consequence of the privatization of care for the elderly and infirm in the Netherlands, then Martha Lincoln’s piece on medical stratification in contemporary Vietnam offers insight (theory from the South?) based on a case study that has already felt the effects of a collapsing public health care system. Alice Street, observing both bedsores and patients’ work to be visible, reflects on the notions of ‘deep comparison’ and the ‘suffering slot’ based on her fieldwork in a Papua New Guinea hospital. Finally, in an unexpected and refreshing piece on the anthropology of smoking, Simone Dennis argues that field has been foreclosed to critical anthropological enquiry.

Danya Fast has provided us with what we hope will be the first in series of thought-provoking photo essays that take up issues of representation in medical anthropology. The photographs she presents, which were taken by one of her research subjects, provide a glimpse into the mundane world of injecting drug users in Vancouver and invite the viewer to think about everyday life in a neighbourhood that has been zoned for safe injecting by presumably progressive public health officials. In an exemplary Nightstand piece, Katie Kilroy-Marac ruminates about hoarding in North America, questioning what she calls the ‘deep preoccupation with the accumulation, order, and management of material possessions’ in contemporary society.

### **Giving thanks**

We first must thank Sjaak van der Geest for his support for this project and his confidence in us – we imagine it must have not been easy to hand over a project in which one has invested so much time and energy over twenty-eight years, and we can only hope that he does not regret it! We also would like to recognize René Gerrets and Erica van der Sijpt at the Universiteit van Amsterdam for their help in managing the transition.

It’s also important to acknowledge two important pioneers who served as an inspiration: Somatosphere, which demonstrated that an active online community exists around the kinds of issues we want to address, and HAU as the first open-access anthropology journal.

Throughout this first year, the members of our international editorial board have offered valuable advice and input, and we appreciate their constant enthusiasm and support for *MAT*. We are also deeply grateful for the early financial and institutional support from the Amsterdam Institute for Social Science Research and the Fondation Maison des Sciences de l’Homme in Paris, which was essential in getting this project off the ground. Special thanks to Anita Hardon, Michel Wieviorcka, and Olivier Bouin for their help in this regard.

Many, many people assisted us in the early stages as we began to envision what the journal might become. We must especially thank Catherine Halley at *J-Stor Daily* who provided helpful guidance on setting up a journal website. Anita Hardon, Anne Marie Mol, Lenore Manderson, and Giovanni da Col were valuable interlocutors as we thought through the focus and mission of the journal. Later in the process, many others provided us with invaluable assistance with issues related to design and technology. Sam de Groot and Joel Galvez were able to translate at times contradictory and confused visions for the journal into the elegant product you see before you

today. We would also like to thank Tim Elfenbein for his advice about all things open access, and Kevin Stranack of the Public Knowledge Project for his quick responses to our many questions about Open Journal Systems.

Without our peer reviewers, who have given generously of their time to provide our authors with substantive and constructive feedback, this issue would not have been possible. We are also indebted to our volunteer section editors, Danya Fast and Jenna Grant, for their thoughtful input throughout the process. The journal's dedicated interns – Luca Donini, Leonie Dronkert, Wendy Kuijn, and Yolande Scholler – helped with the important work of archiving, cross checking, soliciting, and formatting material. Ben Paltiel needs to be singled out for special mention, for his commitment to the fastidious task of archiving *Medische Antropologie* during a hot summer in Paris. Finally, two people deserve special thanks for keeping this sprawling enterprise – and two organizationally impaired co-editors – on track, and for shepherding *MAT* to fruition: Erin Martineau, our managing editor, and Nathanaël Cretin, our editorial assistant, who worked tirelessly to get everything as perfect as possible.

## **Reference**

Comaroff, Jean, and John Comaroff. 2012. *Theory from the South: Or, How Europe Is Evolving Toward Africa*. Boulder, CO: Paradigm Press.