

Blind spot

Book review symposium

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Salmaan Keshavjee, *Blind Spot: How Neoliberalism Infiltrated Global Health*. Berkeley: University of California Press, 2014. Paperback, 288 pp., \$29.95. ISBN: 978052028241.

Casey Golomski

Making bare life visible: Critical public health and Salmaan Keshavjee's *Blind Spot*

Physician-anthropologist Salmaan Keshavjee's *Blind Spot: How Neoliberalism Infiltrated Global Health* is a critical account of international development and public health programs in rural post-Soviet Tajikistan. In it, he demonstrates how public health programs have been shaped by the ideology of neoliberalism, which he describes as:

a system of political and economic thought [that] has had its most profound effects in changing values and expectations about the role government can play in creating a just society – [government] as an entity capable of taking a long view rather than being driven by short-term profit or the vagaries of external funding – and our responsibilities to each other as members of that society. (p. 139)

After sketching a roadmap of the book's chapters and claims, this review briefly considers the 'blind spot' of the title in relation to other medical anthropological research that traffics in visuality as a concept and in photography and visual metaphors as ethnographic method.

Blind Spot is a clear and quick read of 144 pages of text. The chapters are concise and informative, much like well-written encyclopedia articles, which as an instructor I could easily use as teachable, stand-alone pieces. The first part introduces the locale of Badakhshan, Tajikistan, and its long history of public health care, from the tsarist rise of socialized health care in the nineteenth century to the industrialized Bolshevik Revolution and development of public hospitals and pharmaceutical distribution networks, to the collapse of the Soviet empire and its health care-for-all program. Despite what Keshavjee sometimes paints as inroads in public health care provisioning, the Shi'a Isma'ili Muslim majority of Badakhshan has long been a peripheral imperial population. At the end of the Soviet era, public health deliverables became the prerogative of donor-funded international development NGOs. The NGO with the largest impact there, and for which Keshavjee himself worked as a doctoral student, was the Aga Kahn Foundation (AKF), part of the larger Aga Khan Development Network. This Geneva-based, imam-led, multinational institution emphasizes managerial efficiency and ties to the private market in realizing their humanitarian and development objectives, which are couched in the ethos of Islam, making it an attractive fit for Muslims of this Central Asian country.

The second part of the book focuses more on the denizens of Badakhshan as they eke out an existence in a desolate, barely arable, and remote place. This is the most ethnographic section of the book and includes eight grainy photographs. People's life stories are somewhat thin given that most of the data was gathered as part of larger demographic surveys and acceptability studies on fees-for-health care services in the mid-1990s for AKF. With his research assistant Ahmed, Keshavjee talks to local leader Rais, mother Maryam, and a few others to illustrate a health crisis marked by high infant mortality, infectious diseases, respiratory infections, and malnutrition, which he links to ecology, war, and the state infrastructural collapse of food production and pharmaceutical distribution networks. The attempt to solve this last problem of medication unavailability took the form of a revolving drug fund, a WHO and UNICEF model also known as the Bamako Initiative. The AKF and USAID set up an initially donor-funded, locally controlled stock of pharmaceuticals; citizens

were to buy these at a markup, and the monies used to replenish the supply. Despite citizens' willingness to pay out of pocket, the cash-less majority could not.

The penultimate section defines what Keshavjee means by neoliberalism, tracing the ideology's origins to policymakers and economic and political theorists who worked to commandeer development projects in the post-World War II geopolitical scene. The logic that a democratic free market was the best means to allocate health care and dampen the flames of communism expanded into the remotest of places, like Badakhshan. Keshavjee speaks with one of his main interlocutors, a dentist named Misha, who forgoes a grant in favor of loan from an AKF fund to establish the first private fee-for-service clinic there. While not surprised by neoliberalism's influence, Keshavjee was disturbed that the first entities to privatize were those in health care meant to serve the masses living in increasing destitution. The book concludes by 'revealing' the eponymous blind spot surrounding public health programs forged by neoliberal ideology. Citing James Ferguson's work in Lesotho as inspired by Michel Foucault, Keshavjee argues that the ideologies driving policies are revealed the more that policies' programmatic outcomes are shown to fail. For Badakhshan's revolving drug fund rollout, several population health outcomes point to these failures: 59 percent of total household expenditures went to buying marked-up medicines from the fund, 82 percent found it difficult to cover these new costs, and rates of childhood immunization dropped from 72 to 36 percent and the average number of drugs received by sick patients when they went to see a doctor decreased from 4.6 to 1.4 percent, with both declines occurring between 1997 and 2004 (pp. 125–26).

The big question that intertwines with Keshavjee's concept of blindness is: why then, despite these obvious failings, are such programs replicated? Why do policymakers not see the futility of such programs given the available data? What prevents them from seeing that what they have done did not work? He answers by pointing to the predicaments of neoliberal ideology that narrow complex policy objectives into maximizing economic objectives, and to the vast network of NGO entities now employed to realize these objectives, which are not held accountable to the local populations they serve. He defines 'realms of neoliberal programmatic blindness' as the space where 'original aims of projects . . . get lost or ignored', noting that 'in the case of global health, a commitment to health delivery – not to mention, as is often the case, a commitment to equity in access and outcomes – requires that we closely examine elements that have fallen into [these] realms . . . and attempt to remediate such lapses' (p. 15).

Reading this evocative account of transformations in the political economy of health care delivery, I was struck by the invocation of visuality in explaining these contradictions. My initial sense was that members of various development organizations introduced in the book, like Robert Middleton and Pierre Claquin, suffered less from blindness and more from

cognitive dissonance. These brilliant individuals seemed to ignore concrete research findings. Yet, unlike cognitive dissonance, these development practitioners and economists appear to have felt little internal discomfort with this inconsistency, at least as far as Keshavjee represents them. I also wondered what relying on visual metaphors rather than psychology to describe actions appearing to be maladaptive, problematic, or consequential could mean for ethnographic theory.

Visuality has increasingly become an evocative framework for ethnographic representations of suffering and violence. Visual metaphors suggest witnessing, a recognition of a shared humanity. For some viewers, photographs or other images may be iconic of illness experiences themselves. For example, in his book on photography and death, *Camera Lucida*, Roland Barthes (1981 [1980]) discusses the concepts of ‘studium’ and ‘punctum’. The studium is the cultural and historical context that shapes the way one is able to interpret a photograph, while the punctum is an element of a photograph that arrests the viewer. It is an element that forces the viewer to focus their perception, collapsing parameters of interpretation to the bare recognition of some existential, painful, or wounded quality of what is being seen. Take, for example, an old photograph of a prisoner condemned to execution. It might be the prisoner’s eyes, or exhaled slouch, or open palm. The viewer knows both that the prisoner will soon die and that the prisoner is now dead, as this image exists long after that photographed moment in time. In this respect, the punctum upsets our certitude of our own bodily stability, jarring us into a horizon inclusive of mortality.

I think earlier work by Nancy Scheper-Hughes (1989) and more recently by João Biehl (2005, 2007) and Jason De León (2015) are most notable in this regard. Biehl collaborated with photographer Torben Eskerod for his books *Vita: Life in a Zone of Social Abandonment* (2005, reprinted and updated 2013) and *Will to Live: AIDS Therapies and the Politics of Survival* (2007) to expose the demise of people’s lives in institutional care and resurrection in the provisioning of medications. Images like these may have lingering, haunting quality that stays with readers long after a book is closed, but Livia K. Stone (2015) cautions that images of suffering may in fact obscure the mechanisms that perpetuate structural violence and conceptual frameworks and objectives that could ameliorate suffering. Keshavjee himself actually does not employ in *Blind Spot* the intimately ethnographic or visual methods that these other works do. Most of the book is composed of historical and discourse analyses of policies and political regimes that then narrow down briefly to interview sound bites in rural Tajikistan. The most humanistic treatment of the people of the Badakhshan, I think, comes out in the eight photographic figures following page 66. Despite the photographs’ graininess, and lack of analyses of them, the barrenness of people’s material lives becomes painfully clear. Rocky escarpments. Washed out roads. Rudimentary houses. Dirtied, ghost-like children, ‘barefoot and stunted’ (Figure 3), ‘waiting for vaccination’ (Figure 5), and ‘dressed

in rags' (Figure 7). Despite the discursive form of *Blind Spot*, it is the book's visual element that links it to the contemporary corpus of medical anthropological research emphasizing visuality and 'bare life' and enables readers to glimpse how such health care policies do not, indeed could not, work.

About the author

A cultural and medical anthropologist, Dr. Golomski is Assistant Professor at the University of New Hampshire, an associate with the Life Course, Obligation and Dependency research unit at the University of the Witwatersrand, and an associate editor of *African Journal of AIDS Research*. His research in southern Africa on issues of dying and death, violence, and cultural change has appeared in *Material Religion*, *Social Dynamics*, and *American Ethnologist*.

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Néstor Nuño Martínez

The first thing that impresses about this book is its fresh and thought-provoking illustration of global health paradigms today. Despite the fact that *Blind Spot* describes events and episodes that took place almost twenty years ago in the remote region of Badakhshan, Tajikistan, it can transport the reader to current global sociomedical realities. *Blind Spot* shows how neoliberal practices have led to the dilapidation of public health systems, and

documents new forms of governmentality that focus on the purchase of medical commodities and technologies and the construction of health as an individual responsibility.

Blind Spot describes more than the fall of the USSR and its fateful health implications. It makes visible an intriguing and Machiavellian disposition towards medicine, one that unravels the notion of medicine as something available to all citizens. Once the communist period ended, capitalist logics of economic efficiency and profit jettisoned the rationale for free, universal health care. The ripples of this political and ideological transformation can be perceived in the incessant efforts to dismantle public health systems since structural adjustments started in the 1980s (Castro and Singer 2004), tested out in isolated and forgotten human laboratories of the global South, like Badakhshan. These structural variations are characterized by the reinforcement and perpetuation of the dynamics that increase health inequalities, such as incremental increases in bureaucratic barriers to health care, the redefinition of health in terms of ‘cost effectiveness’, and the appearance of discriminatory practices against the most socially deprived populations. Examples of discriminatory access can be observed in tuberculosis treatment in Kazakhstan (Huffman, Veen, and Hennink 2012), antiretroviral therapy in Brazil (Biehl 2004), and stigma and structural violence in the public health and social care systems in France (Larchanché 2012), Spain (Ayala and García 2009), and the United Kingdom (Warner and Gabe 2004).

Blind Spot illuminates how ‘community participation’ and ‘cost recovery’ are central metaphors for a rational, balanced, and strengthened health system thought to be capable of dispensing essential drugs to the most deprived people. The central story of the book, concerning a revolving drug fund, demonstrates first-hand how deceptive these discourses are. Keshavjee describes in minute detail the process by which public health services in Badakhshan were transformed into private clinics and users were transmuted into consumers of medical commodities. He describes how health personnel who supported universal and free health coverage in Soviet times ended up adhering to the Thatcherite notion that ‘privatization is the only true alternative’. At the institutional level, nongovernmental organizations devoted to reducing inequalities began to reproduce neoliberal discourses that blame the poor for inefficient use of medicines and high prevalence of malnutrition. Over time, this shift produced a dramatic situation where both health problems and serious difficulty in meeting basic needs increased. Keshavjee argues that over the last twenty years neoliberal ideology has continued to shape health in the global South through ‘programmatic blindness’ despite its notorious failures. Neoliberal ideology conceptualizes health as a commodity; it generates principles, values, mentalities, and desires oriented towards the commodification of medical drugs, the construction of public services as inefficient and expensive, and the interpretation of health and body as individual responsibilities that need to be regulated and controlled (Lock and Nguyen 2010; Esteban 2013).

In my opinion, one of the most significant consequences of neoliberal health policies is that of personal and interpersonal transformation. Although Keshavjee describes some of these changes during the implementation of the revolving drug fund, one might wonder: what are the effects of these transformations over time? When he returns to Badakhshan years later, he gloomily asserts that the intervention was ‘successfully’ applied in the region, but he leaves unanswered to what extent people benefited from this project. His return to Badakhshan could have yielded a powerful ethnographic account of the revolving drug fund over time, in addition to statistics. What was the broader impact of the liberalization of health services on people? Did medical practitioners adhere to the rationalizing requirements proposed by multilateral agencies?

Researchers interested in analytical and theoretical issues related to the neoliberalization of health or the effects of structural adjustment on health and health systems will find *Blind Spot* inspiring and informative. It complements other analyses of the reproduction of neoliberal subjectivities and the functioning of global health today (Petryna and Biehl 2013; Adams and Pigg 2005; Ong 2007). I find this book inspirational as it illuminates global connections between different realities I have encountered during fieldwork. I saw how neoliberal logics affected male-to-female transvestites in Indonesia, who were dying of salmonellosis or silicone injections because they did not have enough money to pay for medical care and drugs (Nuño, forthcoming). In my current work, I see how families in the rural Peruvian Andes are forced to visit pharmacies and expensive private clinics for diagnosis and treatment, due to cuts in public health care, and the refusal of medical practitioners to work in the ‘poorly paid’ rural health system.

In conclusion, *Blind Spot* is a worthwhile example of how anthropology can be used to analyze and explain health system transformations due to neoliberal logics. It documents how different policies and discourses are used to disseminate standardized constructions of health needs without paying attention to local inequalities and disparities. Furthermore, *Blind Spot* enables us to understand current challenges in global health through a sociohistorical prism, demonstrating that variations and fluctuations in health policies are not the result of naïve disengaged decisions, but the result of planning, connections, and ideologies.

About the author

Néstor Nuño Martínez currently works as a PhD candidate for the Swiss Tropical and Public Health Institute in the Household Health Systems unit (Epidemiology and Public Health). He graduated with a degree in social anthropology from the Complutense University (Madrid) and a master’s of science in medical anthropology and sociology from the University of Amsterdam.

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Vesna Trifunović

Post-Soviet health care: Transformation from a socialist to a neoliberal system?

Salmaan Keshavjee stakes a firm position on the state of global health with his major work, *Blind Spot: How Neoliberalism Infiltrated Global Health*. A trained physician and anthropologist, Keshavjee directed his expertise towards a health care crisis that ensued after the collapse of the Soviet Union, which impinged on one of its poorest regions, Badakhshan, in Tajikistan. More precisely, the author spotlights the penetration of neoliberal ideology into the design and implementation of development programs in this post-Soviet country, with special regard to the health system and a newly created drug fund. The primary objective of Keshavjee's study was to contribute to a better understanding of mechanisms that enabled a neoliberal logic to become an integral part of health care policy in a little-known region of Central Asia, and to critically appraise the real outcomes and consequences of this transformation. This review discusses the approach of and main ideas in the book, and considers how postsocialist transition paradigms are a perhaps overlooked aspect of the final analysis.

Keshavjee embraces a social constructivist paradigm, emphasizing discourses and ideas as defining agents in the establishment of a new health care system. The research is characterized by a critical and empirical perspective provided by a deep historical inquiry, reflective ethnographic fieldwork, and an engaged approach to systematic social analysis.

Blind Spot provides abundant detail about the sociopolitical status of Badakhshan and its inhabitants. The book covers the Soviet period, when Badakhshan was part of the USSR, and the post-Soviet period, when it became part of the independent state of Tajikistan. Keshavjee gives special scrutiny to the health care system in both time periods. He also traces the development of neoliberal ideology, its relation to powerful international institutions, and the important conventions that played a significant part in global health policy. Finally, *Blind Spot* follows the rise of NGOs that took over some previous state functions, analyzing their role as mechanisms for transplanting democratic institutions, and their close alignment with the general neoliberalizing mission in post-Soviet countries. Keshavjee gradually reveals links between neoliberal interventions and what could only be called a daunting situation in Badakhshan's health care system in the 1990s.

Ethnographic data presented in the book especially prove this connection between neoliberal health policies and the suffering of a population. Widespread misery and sickness

constituted a health crisis in Badakhshan, which Keshavjee depicts through moving life histories that detail the hardship of enduring starvation, cold, and poverty. *Blind Spot* contains heartbreaking stories of families whose children succumbed to otherwise treatable diseases, either because of lack of medicines or because they struggled to raise money to buy them.

‘How could this have happened?’ one might ask in disbelief. Keshavjee answers with his case study of a revolving drug fund, which was billed as a strategy to address shortages of high-quality pharmaceuticals in poor communities. The basic idea was to build a sustainable system of pharmaceutical supply by directly charging people for medicines; the money would go into a fund to be used to purchase more medicines. Contrary to expectations, this practice worsened the already devastating pharmaceutical and health crisis. In a country hit by severe inflation and civil war after the disintegration of the Soviet Union, people simply did not have money to pay for medicines.

‘But how was this “small” detail overlooked by policy makers?’ one might ask, even more confused again. This is where the essence of the study sets in. Keshavjee’s argument is that this intervention was a part of a larger commitment to transforming postsocialist countries in accordance with neoliberal and free market discourse. This rigid commitment caused what the author terms a ‘programmatically blindness’, which was the main reason why the new policy failed to look broadly enough, disregarding alternatives and solutions perhaps more appropriate in terms of context to Badakhshan’s health care issues. That said, the main aim was not so much advancing health standards and bringing health relief to a community in need, but changing the rules of the game: introducing a system based on neoliberal logic and transforming people’s mindsets to embrace health as a commodity.

Most importantly, *Blind Spot* reveals that international institutions, NGOs, and even local people had become so deeply immersed in neoliberal ideology that it became common sense, the only possible way of carrying on with reform. Hand-in-hand with programmatic blindness, neoliberalism became a transplanted ideology, implemented without regard for the specificities of local contexts in various regions of the developing world. Similar revolving drug fund projects had already failed in some sub-Saharan African countries, yet this fact did not cause policy makers to waver in implementing drug funds in other regions, like Badakhshan. Keshavjee demonstrates that policy was not supported by adequate research and data; rather, it was based on dogma, and was blind to its negative consequences in different settings.

All of this is very much in accordance with the transition paradigm, mostly advocated by political science, economics, and international and comparative law scholars who viewed the

abrupt collapse of the Soviet Union as proof of the triumph of the Western liberal democracy and market capitalism. Transitologists considered indigenous belief systems, religions, and cultural and ethnic identities as obstacles to liberal democracy. They maintained that these should be abolished by the forces of modernization, secularization, and the 'free' global economy, and that there were no viable alternatives to superior Western institutions and values (see Tóké 2000).

Within this framework we can also understand the explanations that were offered to justify the failure of the revolving drug fund project, which targeted cultural factors. As Keshavjee notes, after the introduction of this project, the blame for poor health in Badakhshan was cast upon traditional healing practices (p. 61). Foreign advocates of neoliberal reform completely overlooked their structural adjustment policies as a significant cause of health-seeking behavior. This victim blaming was in accordance with the inability to question neoliberalism's superiority, and with policymakers' view of the Badakhshan people as backward and in need of a dose of modernity, without asking them what they thought and wanted for themselves. It seemed that their subaltern voices had been deliberately silenced by neoliberal orthodoxy.

It is curious that Keshavjee does not consider in more depth the very process of postsocialist transformation. Had he done so, perhaps he would have paid attention to the possible formation of local social structures that, like NGOs, may replace state functions in conditions of widespread uncertainty caused by the transition process (see Humphrey 1991 for an example of such local structures in Russia). It would be interesting to know whether those structures, if there were any, had a role in pharmaceutical distribution. Local structures would have also indicated the agency of local people that seems to be a bit absent in *Blind Spot*. Keshavjee emphasizes structural factors that limit people's agency, such as poverty, geographic isolation, and food scarcity.

Likewise, Keshavjee neglects important theories of postsocialism that have critiqued transitology's evolutionary, teleological model, according to which socialist systems inevitably convert into capitalist ones (see Burawoy 1992; Verdery 1996; Burawoy et al. 1999). Critics of the transition paradigm argue that transformations in former socialist societies will likely produce different social systems, ones that do not necessarily resemble those of Western capitalist societies. This is actually evident in the way a dental clinic, run by Keshavjee's interlocutor Misha, functioned in new socioeconomic circumstances. Misha developed a system that, thanks to subsidies from those who were able to pay for dental services, made allowances for families with many children and for World War II veterans (p. 119). Such practices are not something transitologists envisioned in a newly created system that was supposed to be driven by continual pressure to make profit, one in which everyone should only be accountable for their own well-being. In my opinion, *Blind Spot's* apt critiques

of neoliberal health policies would have benefited from complexities raised in anthropological and sociological theories of postsocialism.

Nevertheless, this is a comprehensive study that fulfills its aim to provide a strong argument, based on extensive research and data, against ‘the market’ as the best way to distribute health care. Its relevance is clear, given neoliberalism’s profound global impact today. In sum, this is a warmly recommended book that offers valuable lessons about the severe consequences of the uncritical implementation of neoliberal ideology in transforming any health care system.

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