

The Tide of Open Access

The MAT Editorial Collective

Here at *MAT*, in Edinburgh, we are approaching the end of a somewhat *dreich* summer. But even without the weather, this summer has been a tempestuous one. On 5 July, we read, with great interest, [breaking news](#) of the mass resignation of *Critical Public Health* journal's editorial board from commercial academic publisher Taylor & Francis. It was hugely exciting to see the board members 'walking the walk' of their journal's long-standing political spirit, driven, as we are, by 'concern about the power relations of knowledge production—especially the role of corporate influences, north–south inequalities, and the politics of disciplinarity' (Bell et al. 2021, 378). As we in the MAT Editorial Collective appreciate, the road ahead for *Critical Public Health*—as a Diamond Open Access (OA) journal that charges no fees from submitting authors and whose contents are free to the end user—may well be bumpy, its destination unknown. But the tide of critical public health, like that of critical medical anthropology, seems to be changing, and we appear to be at the crest of its wave.

It therefore seems an appropriate time for us at *MAT* to revisit the reasons for our own political commitment to OA—an important and invariably provocative subject. At a recent International Advisory Board meeting, we collectively reviewed some of the stubborn and hard-to-answer questions around *what demand is actually out there* for OA: specifically, we asked ourselves whether medical anthropology papers today may be too complex for generalist readers; and whether the primary readership for medical anthropology journals are in academic institutions that already have subscriptions to journals. The deliberations of our advisory board meeting concluded with a 'no' to both.

The complexity of the writing in academic medical anthropology papers raises broader questions about the writing culture of our discipline and profession than we have space to discuss here. Nevertheless, here at *MAT* we remain committed to publishing and communicating medical anthropology research. Even on our shoestring budget we prioritise significant efforts in-house (through copyediting, proofreading and editing support) to make language accessible and plain, whilst maintaining/enhancing the voice of authors and the poetics of ethnographic writing. We create spaces for publishing in multiple modalities that go well beyond the research article. To that end, we have our photo essays, field notes, and position pieces, all curated by our [section editors](#); while our reviews cover not only books but also ethnographic and popular film and TV programmes.

The assumption that those based in academic institutions are the only relevant consumers of medical anthropology research is contestable too. Our advisory board tells us that *MAT* content is read not only by university academics but also by interested parties working from the local to the global level in public health, international development and health policy, in some cases with little or no budget for paying for articles on subscription. Our academic articles are also read by prospective research students who are currently on the outside of academia but want to get in; and, importantly, by academics on the inside, so to speak, but working in non-elite institutions that have not invested in, or are priced out of, expensive institutional subscriptions to social science journals. This is, needless to say, a particular problem for institutions in the Global South, but not only. The sub-disciplinary character of medical anthropology journals and the lesser value placed on the social sciences and humanities means that even nationally ranked and competitive institutions may not subscribe to medical anthropology journals altogether.

For all these reasons, Open Access is a vitally important means of access to readers and authors of medical anthropology research, and a way of confronting entrenched epistemic violence in our field and beyond. Such inequity and violence are not created solely by the rapacious profit motive of academic publishing today, but they are greatly exacerbated by it. And so we remain committed to undermining and dismantling that motive bit by bit. As part of that work, we have sought to share sustainable tactics for working outside of the commercial academic publishing model with other journals. One instance of this was a lab we led at the 2022 Royal Anthropological Institute's (online) conference on 'Mobilising methods in medical anthropology'. There, editors at the *MAT*, *Medical Anthropology* and *Critical Public Health* journals came together to discuss the practical, logistical, and financial aspects of remaining OA.

A final message before we turn to the individual contributions in this issue—the *raison d'être* for all our efforts—is to underscore the point made by *Critical Public Health* editors (2021) when they argued that an academic journal is an ‘intellectual project’ and ‘the home of a community of scholars with a history and (we hope) a future of pushing the frontiers of scholarship’ (2021, 379). This is why, in this and previous editorials, we have insisted on calling all those who use and work with the journal—as Editorial Collective members, managing editor and other staff, section editors, International Advisory Board members, guest editors, peer reviewers, and importantly as authors and readers—a community.

To our community, a heartfelt thanks for all that you do—it really does matter.

This issue

This issue begins with four superb research articles. In the first, Laura Emdal Navne investigates how Danish patients of genetic disorders, and their families, make sense of naming practices in the field of genomic medicine, and how they use new gene names for identity work to escape both unwanted moral regimes and feeling recognised by new disease labels. Federica Manfredi explores body suspension practices in Europe, in which practitioners act on the flesh and skin with hooks, scalpel and ink, and reflects on how body interventions are experienced as a means to voluntarily intervene in human perceptive abilities, shaping individual projects of being. Filip Rogalski talks to Polish and Swedish families living with children with congenital metabolic errors. He discovers how parents develop multiple knowledge practices—such as bricolage, semiotic alertness, the ‘wild’ use of laboratory testing, and elaboration of informal mental ‘decision-protocols’—to adjust treatment rules to the demands of their everyday lives, thus entailing novel conceptualisations of their role in treatment activities. Finally in this section, we are particularly pleased to present Upul Kumara Wickramasinghe’s research article on health philanthropy, medical testing, and kidney disease prevention in Sri Lanka, which won the 2023 MAE–MAT Early Career Paper Award. In this article, Wickramasinghe examines how a chronic kidney disease of unknown aetiology (CKDu) ‘hotspot’ in Sri Lanka came into being following population screening interventions. While the production of test results proved vital for mobilising further research and public health resources for the community, screening followed philanthropy as much as philanthropy might be seen to have followed screening, constituting a novel hybrid that the author refers to as ‘philanthropic science’.

The research articles are followed by a Position Piece by Annelieke Driessen and Hannah Cowan, which draws on the Dementia Letter project and reimagines life with dementia outside of the dominant negative imaginary. And in their photo

essay, Fu-Yu Chang documents Jacinta Aguirre's home birth without the use of her hearing aids, to suggest alternative possibilities for thinking and 'visualising' care and childbirth from a disability-studies perspective.

The September issue ends with a special section titled 'The Long Shadow of Fake Drugs and the Social Lives of Fake-ness', guest edited by Sarah Hodges and Julia Hornberger. This special section starts with Hornberger and Hodges's manifesto outlining how the problem of 'fake drugs' can allow us to understand the phenomenon of fakes in general. This introductory conceptual and methodological article is followed by five empirical research articles. Nishpriha Thakur explores Indian pharma 'dossiers' that testify to pharmaceutical quality and adherence to regulatory standards, and shows how they exemplify a paradigm shift from drug safety to drug security—itself a powerful form of fake-talk at the global level. Rhoda Mkazi Bandora looks at fake talk concerning the side effects and trouble with hormonal contraceptives in Dar es Salaam. The author explains that when women call these contraceptives 'feki', they mean not that the pharmaceuticals are inauthentic or ineffective in preventing pregnancy but that they are morally problematic but sometimes necessary. Christopher Sirrs takes a historical look at the WHO's engagement with fake drugs between 1947 and 2017, and shows that the specific categories used in global health policy are not neutral technical identifiers but highly-charged political devices. Julia Hornberger, Sarah Hodges and Edmore Chitukutuku explore a fake food furore in South Africa, in which accusations of poisonous fake food at foreign-run convenience stores result in the shops being looted and their shopkeepers harmed. Rather than dismissing accusations of fake-ness as a pretext for violence, the authors draw out the active work accomplished by fake-talk that caused a state, normally hesitant to act on citizens' long-standing complaints about 'the duplicity of foreigners', to intervene with speed and decisiveness. Finally, John Keketso Peete looks at how fake-talk about COVID-19 on digital media in Tanzania was a way of enacting good citizenship, discrediting disinformation that could be used to criticise the country but in the process drawing more attention to the problem and highlighting the need for intervention.

References

- Bell, Kirsten, Judith M. Green, Lindsay McLaren, and Oliver Mweemba. 2021. "Open" Relationships: Reflections on the Role of the Journal in the Contemporary Scholarly Publishing Landscape'. *Critical Public Health* 31 (4): 337–80. <https://doi.org/10.1080/09581596.2021.1958512>.