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MEDICAL PROFILING, JUSTICE AND RECOGNITION

Renewals for Hope in Enduring Struggles

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DISEASE IN THE HISTORY OF MODERN LATIN AMERICA: FROM MALARIA TO AIDS. Edited by Diego Armus. (Durham, NC: Duke University Press, 2003. Pp. 326. $64.95 cloth, $21.95 paper.)
GLOBALIZACIÓN, CONOCIMIENTO Y PODER: MÉDICOS LOCALES Y SUS LUCHAS POR EL RECONOCIMIENTO EN CHIAPAS. By Steffan Igor Ayora Díaz. (México: Universidad Autónoma de Yucatán, 2002. Pp. 205.)
STAYING SOBER IN MEXICO CITY. By Stanley Brandes. (Austin: University of Texas Press, 2002. Pp. 239. $45.00 cloth, $19.95 paper.)
STORIES IN THE TIME OF CHOLERA: RACIAL PROFILING DURING A MEDICAL NIGHTMARE. By Charles Briggs and Clara Mantini-Briggs. (Berkeley: University of California Press, 2003. Pp. 456. $34.95 cloth.)
MAYA MEDICINE: TRADITIONAL HEALING IN YUCATAN. By Marianna Appel Kunow. (Albuquerque: University of New Mexico Press, 2003. Pp. 160. $29.95 paper.)
HEALTH SERVICES IN LATIN AMERICA AND ASIA. By Carlos Gerardo Molina and José Nuñez del Arco. (Washington, DC: Inter-American Development Bank and The Johns Hopkins University Press, 2002. Pp. 298. $24.95 paper.)
ENTENDER Y ATENDER LA ENFERMEDAD: LOS SABERES MATERNOS FRENTE A LOS PADECIMIENTO INFANTILES. By Rosa María Osorio Carranza. (México, DF: CIESAS, INAH, INI, 2001. Pp. 276.)

While I am finishing off this review, Bush has just been reelected to a second term and some of us are feeling a post-election blues. The international health domain is one domain par excellence that is ridden by social inequities and by the often-uneasy synergy of private, public, local, and national forces. I am also blue because of a possible renewed unilateralism of the present administration and the resulting failure of

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an image of international codependency and subsequently of social co-responsibility. To different degrees, some of these books are pointing to medical gazes and medical hybrid processes that require a renewed understanding of interdependency and co-responsibilities.

One aspect that emerges in these books is the production, circulation, and consumption of medical knowledge(s) and how these processes shape inclusionary and exclusionary forms of citizenship, particular forms of medical hierarchies, and medical justice. Charles and Clara (Mantini) Briggs powerfully unveil the complexity of the early 1990s cholera epidemic of the Delta Amacuro of Venezuela and reveal ways in which the shaping of sanitary subjects constituted the core mechanism of medical racial profiling. In their sophisticated and informative book they draw a picture of how cholera epidemic narratives and statistics have been underplayed as well as misunderstood by criollo doctors and regional and national public officials. Following first a conspiracy theory but then moving well beyond it, the Briggs unveil, in a sophisticated but also clear style, local, regional, and international forces at play in the shaping of two major Venezuelan representations of citizenship. One is the sanitized, criollo citizenship, outside the "dangerous" and to-be-contained cholera regional cordon, the other is the native, pre-modern, unsanitized Warao people. This indigenous group was first left to its own devices, but once the epidemic reached a critical mass, the group was aggressively targeted by media attention and by specific public health projects aimed at reducing the scale of the epidemic.

In the analysis of the partial shambles of that public health intervention (it seems that over 600 indigenous people died in that preventable epidemic) the Briggs do not raise a finger against public health officials in their re-nativization of Warao Indians as unsanitized subjects. They are instead more interested in unveiling the complex interplay of circulation of information, images, and resources that reproduce profound and historically sedimented social inequalities and racial profiling in Venezuela. They stress that the underlying of this epidemic has to be understood beyond the bona fide intentionality of the individual actors, into the wider playing of forces and unexpected consequences of action that such complex circulation engenders.

The Briggs show that logic of (medical) cultural sensitivity is used both to control the fragmentation of social relations and to essentialize social categories that explain unequal accesses to existing resources and available medical information. In their words: "cultural [medical] reasoning provides fertile ground for re-imagining, extending and naturalizing schemes of social inequality" (313). We are therefore invited to seriously consider that a critical and engaged epidemiology in the Americas (and beyond) should explore the production of social inequality through the study of situated agents involved in the formation and

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delivery of health care for preventable and treatable diseases. So this book suggests that one of the key roles of researchers is to consider the paradoxes and the haunting histories revealed in different narratives about these preventable and treatable diseases to achieve what the Briggs call a "medical justice."

To work toward medical justice is to unveil the complexity of the historical past that is often acted out in the present. The edited collection by Armus achieves this superbly. The wealth of material presented on various public health interventions in the Amazon, Argentina, Colombia, Mexico, Bolivia, Peru, and Brazil is too rich to be summarized here. Overall, however, the book engages very fruitfully with particular histories of epidemics (malaria, tuberculosis, leprosy, mental illness, cholera, and AIDS) and comparatively argues that ill people have never been passive agents of public medical knowledge and public health practices, but that subtle processes of subordination and negotiation have to be understood through a complex lens of urbanization (see the case of tuberculosis in Buenos Aires), politics of nationalism and racialization (see the management of leprosy in Colombia, and mental illness in Bolivia) and the role of media, and representations in the production and circulation of blame for epidemics (see cholera in Peru and AIDS in Brazil).

If not medical justice, then it is at least equality in access to healthcare that is championed in Monila and Nuñez del Arco's report by the Inter-American Development Bank (IDB). In their words:

> This factor corroborates the hypothesis that health system structure and organization have indeed contributed to the pattern of health inequities observed in the region. Our conclusion must therefore be that [Latin American] health care systems do matter and do matter greatly. The historic process of segmentation that shaped many of the Latin American and Caribbean health systems has been a contributing factor to the region's health inequalities. (206)

Puzzled by the profound disparity in the performance of health care systems throughout Latin America, this edited collection of data (geared toward the formulation of policymaking) rightly stresses the need to let go of a search for a magic solution of health reforms in Latin American countries, and dispels some of the myths surrounding already existing health reforms (see Colombia, Chile, and Brazil). By reading the Briggs volume and this book together I am again confronted with the well-known reality that often the world of policymaking is too far from the one of critical social sciences (see critical epidemiology, to which I have referred above).

Just to mention one of the epistemological differences that cut across these different, but complementary texts is the use of statistical health data. The Briggs evocatively suggest that statistics often confuse and obscure the matter at stake. The statistical data about the spreading of

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cholera in the Delta Amacuro in the early 1990s raise at least one important epistemological question. What were classified as cholera's symptoms? It seems that a complex web of memory enhancing and memory backdropping took place among specialist formulations of such statistics. Discrepancies between WHO, PAHO, and Venezuelan MSAS[1] agencies began to emerge, but the paradoxical point is the WHO and PAHO guidelines for epidemic diagnostic (which privilege microbiological over clinical knowledge) were actually used by Venezuelan health official to bypass the (much more dramatic) reality observed and reported by local communities and NGOs.

The Inter-American Development Bank study instead builds the whole argument around the comparative nature of statistical data. Taking that at face value, the authors only timidly argue that political instability plays a role in the delivery of efficient national health care and in the epistemological validity of a comparative national, statistical understanding of health care delivery. So reading comparatively across these two works we need to emphasize the political role that health statistical data may play in the production of particular social classifications, interest groups and their related governance. However, on a more positive note, statistical data can be used to expose social inequity gaps.

Overall we learn that throughout Latin America (with the unspoken exception of Cuba, which is not really discussed in Molina and Nuñez's book), nationally and centrally managed health programs, which aim to provide public facilities to the entire national population, tend to fail as they are often under-funded. There is a need for a better efficiency system of health care delivery that should address issues of corruption and current failings in reaching isolated or rural populations. Moreover this book points out that particular new national programs, which work through a private-public insurance partnership, are comparatively more reliable and efficient in those countries that seem, at least partially, to have undergone a recent democratic reform (see Chile since the 1990s, and Colombia after the 1991 Constitutional reform). Once again with the post-election blues, we are reminded that privatization may work only if preceded by, or in parallel with, processes of social democratization.

The resolutions proposed by this IDB perspective are to increase the efficiency of the different national systems by introducing health reforms that allow a separation of provision and financing of health services. And that can only take place through an increase of market competitive services regulated by public-private bodies. Nonetheless

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in these moderate, neoliberal propositions on national health reforms in Latin America, the complex geographies of blame in the shaping of illness epidemics within national and international political economies once again are back-grounded. Health care and health reforms are "national" problems.

Another central theme that emerges out of these readings is the circulation of medical knowledge(s) and how the fine line between medical epistemologies and practices has to be understood by increasingly refined theoretical tools. This is the case of Ayora Díaz's book, where he tries to resituate the study of local healers and doctors in Chiapas in a web of articulation of cosmopolitan and local forces, while moving away (rightly so) from an analysis of hegemonic medicine that has dominated the study of medical anthropology in Mexico in the last two decades. Ayora Díaz, instead, foregrounds an analysis that moves away from hegemonic and counter-hegemonic binarism, and looks at the interstices of the differentiation of local medical practices through the lenses of cosmopolitanism and globalization. Through an ethnography of the practices of Tzotzil-, Tzeltal-, and Tojolabal-speaking doctors, Ayora Díaz argues that there are subtle forms of "othering" that take place when the practices of these doctors are incorporated into local (biomedical) hospitals.

This leads to a subtle struggle for recognition. The result is neither homogenous nor predictable, but is very much related to situated local subjects and their capacities to work through the hurdles of state and regionally sponsored medical institutions. At times, cosmopolitan medicine—that which hierarchically incorporates selected local and native knowledge to biomedical practices—denies an autonomous recognition of these local, indigenous medical practices. Incorporation takes place, through a renewed neocolonial process of occultation of the (medical and indigenous) other. At other times, the incorporation of local to cosmopolitan medicine takes place through the trope of nostalgia, or better imperial nostalgia.

Through a process of purification and tourist gaze,[2] aspects of local medicine are elevated to an iconic state through new aesthetic forms of representation (see the creation of a new museum for the development of Mayan Medicine in San Cristóbal de las Casas) and then hybridized into a different cosmopolitan medicine. It is exactly through a process of "museification," purification, and rationalization that the power of local medicine dwindles as it becomes fragmented within. For instance, while local medical practices of *herbolaria* (herbalism) begin to acquire

2. We should not forget that Chiapas is, with Quintana Roo, one of the tourist meccas of Mexico, and it is there where the internationalization of tourism is constantly reshaping national myths of nostalgia (Castañeda 2004).

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a sort of recognition in cosmopolitan medicine, the spiritualist component of local medical knowledge is further peripheralized. Medical hybridity in a globalizing world takes place through the multiplication of centers and peripheries of powers and through a reshaping of fields of forces that purge or reinforce the hierarchy between particular forms of economic, religious, and social capitals. We definitely need studies like the ones by Ayora, Armus, and the Briggs to bring further our understanding of the medical field in the Americas and how different fields of forces operate in and through it. And then we need to sit the Briggs, the Ayora(s), and the Medina(s) of this world at the same table.

Instead, studies such as the ones by Appel Kunow and Osorio Carranza, for different but parallel reasons, contribute to a different set of debates. They are informative in their contents, and they respectively contribute to the subfield of ethnobotanic classification, and to the field of healthcare delivery and classification of therapeutic processes. Appel Kunow's work, without contributing to any major theoretical debates in medical anthropology, nevertheless provides some illustrative material on current gendering of healing practices in a town, Pisté, near Chichén Iztá. Interestingly enough, Appel Kunow is not particularly drawn to an analysis of how a tourist gaze—so much present in the next-door villages—shapes current healers' practices and current hierarchies of medical knowledge(s). Her work is therefore really valuable for its second part, which is a detailed recompilation, description and visual representation of key medicinal plants in the region. The work by Osorio Carranza is to be praised for its understanding of different trajectories in mother-child care. Her point, through the combination of a structural analysis of the health care system and an ethnographic work based in a municipality just outside Mexico City, is that the mother-child therapeutic process emerges from specific class-based synergies between cultural understanding of child illnesses and the biomedical and self-help practices at disposal to treat such illnesses.

Finally, another aspect that is explored in these books and particularly in Brandes's work is the relation between medical practices and gendered subject formation. In an ethnographically rich discussion of a male Alcoholics Anonymous (AA) group in a working class barrio of Mexico City, Brandes analyzes the impact that therapeutic processes have on gender relations and on gendered subject formation. Through the performance of different biographies of falls and redemptions the ritual space of the AA meetings becomes a place to discover new forms of masculinity where storytelling, vulnerability, longings and friendship interweave in public space. Brandes's prose is incisive in portraying the local struggles that confront this group and its members and the heroic task that is to embrace sobriety in present-day working conditions that are exploitative and precarious. For males of different ages,

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sobriety becomes an embodied metaphor of hope that requires constant personal attention and group reaffirmation, and this connection between personal heroic journeys and collective storytelling is a seed for changing masculinities.

So what are the lessons that we can draw form this set of works? In my reading there are at least three. First, we need a critical epistemological agenda to unveil the discursive nature of epidemiological encounters. Second, we need to understand bodies and medical practices as complex responses of historicized global and local forces, and at the same time see (ill) bodies not just as texts but as dynamic and creative forces that occupy a central arena in the imagined, material, and haunting space of power. Third, we need to engage with the complex field of forces that shape gendered subjects in their process of production of medical practices and in their subjectification to medical knowledge(s). Finally, we need to understand how this complex set of interactions and representations shapes different forms of capital accumulation and redistribution. If we can think through these points new ways for a more equal capital redistribution across the medical field and beyond, then we can began to tackle our blues.

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