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## Medicine Anthropology Theory (MAT) -- The Inaugural Issue

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By Aaron Seaman

In one last “belated” post, the inaugural issue of the new online journal, [Medicine Anthropology Theory \(or MAT\)](#), went up in December! The issue can be found [here](#). In addition to an essay by editors Eileen Moyer and Vinh-Kim Nguyen on the journal itself and how they envision it, there are research articles, think pieces, a photo essay, and several book and film reviews, all listed below. Enjoy!

### **Articles**

[Medicine Anthropology Theory: An open-access journal in the anthropology of health, illness, and medicine](#)

*Eileen Moyer and Vinh-Kim Nguyen*

[The protected lab: Securitization and spaces of exclusion in medical research in East Africa](#)

*Denielle Elliott*

This visual essay considers the links between medical research and securitization, and asks how they reconfigure local landscapes in East Africa. Humanitarian aid, including global medicine, has emerged as a ‘military therapeutic complex’, especially in African nations where the HIV/AIDS epidemic has drawn enormous contributions from states and transnational NGOs (Nguyen 2009; Fassin and Pandolfi 2010). One unintended effect of this therapeutic assemblage is a concern with security, particularly for US state institutions conducting research or providing treatment. US research facilities and laboratories are fenced, with access mediated by security guards and locked gates. State actors working overseas live in approved housing, bound by a complex set of regulations about safety and security. This essay and photographs reflect the ways in which physical structures transform local landscapes as part of the global health industrial complex and raise a number of questions about the politics of spaces, both private and public, in humanitarian projects.

[An embodied belonging: Amenorrhea and anorexic subjectivities](#)*Karin Eli*

Until the publication of the DSM-V in 2013, amenorrhea was one of the four criteria that comprised anorexia nervosa. Diagnostically, amenorrhea played a definitional role, dividing the 'strictly' anorexic from their 'subthreshold', menstruating peers; however, the implications that menstrual cessation, and menstruation itself, held for the lived realities and identities of women with anorexia remain under-explored. In this article, I examine the positioning of menstruation and amenorrhea in the narratives of Israeli women diagnosed with eating disorders during the eras of the DSM-IV and DSM-IV-TR. I find that the participants' narrative uses of amenorrhea mirrored, and at times explicitly engaged with, the official diagnosis of anorexia nervosa. Notably, although the participants invoked amenorrhea as a defining sign of illness, they did not cast menstruation as a sign of health rather, they spoke of their menstrual periods as contradicting their anorexic-identified selves. Amenorrhea, then, emerged as central in the embodied making of anorexic subjectivities.

[Changing cartographies of health in a globalizing world](#)*Ted Schrecker*

Anthropologists have described, often in eloquent detail, local destruction of opportunities to lead a healthy life (the social determinants of health) attendant on the macroscale economic processes conveniently described as 'globalization'. Recent reorganizations of production and finance redraw maps both literal and metaphorical of the inequalities that affect health. I argue that it is essential to focus attention on the common origins of such local destructions in new modalities and power structures of global capitalism, and in doing so to focus on what William Robinson has described as a shift from 'territorial' to 'social cartographies'. These include a number of cross-border 'emerging markets' or bidding wars that are relevant to health and its social determinants. The article sets out three propositions about how the social science of health disparities should respond to globalization, emphasizing possibilities for research on globalization and health that draw on the complementary perspectives of anthropology and political economy.

['Making known' or 'counting our children?': Constructing and caring for children in epidemic South Africa](#)

*Lindsey Reynolds*

The article explores how regimes of documentation, quantification, evidence, and accountability have come to shape encounters between program implementers, researchers, young people, and caregivers in one locality in northeastern KwaZulu-Natal, South Africa. Rather than simply critiquing the overemphasis on counting and accounting in global health, I examine the effects of these processes on the provision of services to young people and families. For those whose lives had been systematically excluded from view, processes of form filling could in fact be construed as services in themselves. Further, encounters structured around form filling could work to facilitate other modes of engagement, centered on the construction of forms of recognition, reciprocity, and obligation, and mediated by complex networks of patronage and dependence. Drawing on these findings, the article describes how local histories and contemporary life experiences can shape the ways in which technologies of global health are taken up, and their effects on everyday life.

### **Think Pieces**

#### [Medical stratification in Vietnam](#)

*Martha Lincoln*

Market transition in Vietnam is known to have fueled health disparities, but racialized and nationality-linked aspects of the country's medical stratification have received less attention, despite the growing presence of foreigners using the health system. Field experiences reveal the country's increasing health and medical inequity – legible in the social, linguistic, economic, and physical distinctions between public health stations staffed by government employees and the private clinics serving mostly expatriates. Ethnographic interviews and experiences of receiving care in both public and private facilities inform my argument that the privatization of Vietnam's health sector produces racialized, classed, and citizenship-linked forms of medical profit, privilege, segregation, and risk – trends visible both in recent debates over US health policy and recent episodes of pandemic disease outbreak.

#### [How did we get here? 'It does not require a big brain to understand.': The 'Greek Crisis', care, and health care](#)

*Giorgos Kostakiotis and Deanna J. Trakas*

The economic crisis in Greece, which officially showed itself in 2008, is blamed for a wide variety of negative changes in the country's social, political, and moral fabric. Health care – and the deficits of a medical system already under stress even before the crisis – are particularly central in public complaint and political debate. Issues of community and family care have emerged with a strength that challenges the conventions of earlier generations. This essay shifts the gaze away from the well-documented indictments of the deficiencies of the Greek health care system to look at the ways in which families and communities are working to provide care within the changing landscape.

[Heaviness, intensity, and intimacy: Dutch elder care in the context of retrenchment of the welfare state](#)

*Barbara Da Roit and Josien de Klerk*

In the Netherlands the recent shift to a 'participation society' has led to a reconfiguration of health care arrangements for long-term care. The new long-term care act, scheduled to commence January 2015, forms the political realization of the participation society: people are expected to decrease their dependency on state provisions and instead become self-sufficient or dependent on family and community solidarity. In this Think Piece we argue that the implicit references of policy makers to pre-welfare state community solidarity and self-sufficiency do not adequately consider the historical and social embeddedness of care. Referring to Rose's concept of 'politics of conduct' we argue that in framing care as a moral obligation, the current politics of conduct may obscure the physical and psychological heaviness of intimate care between family members, the diversity of care relations, and their sociohistorical embeddedness.

[No smoking within nine metres of discipline limits](#)

*Simone Dennis*

I seek to open the social practice of smoking to anthropological enquiry that has been largely caught up in the agenda of cessation – to the point that it is difficult to examine it outside this frame without being accused of advancing the interests of Big Tobacco. Analysis has also been foreclosed by adherence to frames that privilege rationality. Smoking behaviour becomes understandable and translatable via explanations of addiction or ignorance: it is rational for the addict to source her drug, and rational for the smoker ignorant of its harms to continue smoking. Equally, using a

rational frame anthropologists might explain smoking practice in relation to pleasure – if they are not wedded to a cessation agenda – as maximising pleasure might also be rational, as might any practice if only one can understand the agent’s motivations. I argue for an anthropological analysis of smoking that permits more than translation.

[When comparison comes first: Reflections on theory in medical anthropology](#)

*Alice Street*

This think piece draws on experiences of fieldwork in a Papua New Guinean hospital to reflect on tensions between political engagement and ‘deep’ comparison in medical anthropology theory. The paper argues that, contrary to the assumptions implicit in recent critiques of ‘suffering slot’ anthropology, paying attention to the workings of power does not preclude ontological comparison. Through a comparison of the different kinds of visibility sought by patients and doctors in the public hospital, I argue that the question of power re-surfaces in relation to the mutually entangled infrastructures required to realise those different projects.

**Photo Essay**

[Mapping senses of place in an urban drug scene](#)

*Danya Fast*

This photo essay is a collaboration between myself and one of the young people with whom I conduct research in Vancouver, Canada. Jordan (a pseudonym) was eighteen years old when he hitchhiked from Toronto to Vancouver in 2002. Once there, he told me, his addiction to heroin ‘completely took over’, and he became entrenched in the cycles of drug use, crime, and destitution that ‘trapped’ him in Vancouver’s Downtown Eastside. He and I met in 2008, when he was twenty-four years old. He took these photographs approximately four years later.

**Book and Film Reviews**

[Powerless science? Science and politics in a toxic world](#) (Soraya Boudia and Nathalie Jas, 2014)

*Reviewed by Janelle Lamoreaux*

[Abortion in Asia: Local dilemmas, global politics](#) (Andrea Whittaker (ed.), 2013)

*Reviewed by Erica van der Sijpt*

[Migranten in tijd en ruimte: Culturen van ouder worden \[Migrants in time and space: Cultures of ageing\]](#) (Antoine Gailly, Redouane Ben Driss, Stefaan Plysier, and Lili Valcke, 2011)

*Reviewed by Sjaak van der Geest*

[Child care in a globalizing world: Perspectives from Ghana](#) (Christine Oppong, Delali M. Badasu, and Kari Waerness (eds.), 2012)

*Reviewed by Cati Coe*

[Nieuw Leven: Geboorte in Fictie \[New Life: Birth in Fiction\]](#) (Arko Oderwald, Koos Neuvel, Willem van Tilburg, and Ruth Bergmans (eds.), 2012)

*Reviewed by Lianne Holten*

[Ik Gebaar, Ik Leef / I Sign, I Live](#) (A film by Anja Hiddinga and Jascha Blume, 2012)

*Reviewed by Annelies Kusters*

[Life in Crisis: The Ethical Journey of Doctors Without Borders](#) (Peter Redfield, 2013)

*Reviewed by Pride Linda*

[The Alzheimer Conundrum: Entanglements of Dementia and Aging](#) (Margaret Lock, 2013)

*Reviewed by Jolanda Lindenberg*

[Mestizo Genomics: Race Mixture, Nation, and Science in Latin America](#) (Peter Wade, Carlos López Beltrán, Eduardo Restrepo, and Ricardo Ventura Santos, (eds.), 2014)

*Reviewed by Abigail Nieves Delgado*

[The New Arab Man: Emergent Masculinities, Technologies, and Islam in the Middle East](#) (Marcia C. Inhorn, 2012)

*Reviewed by Fiona R. Parrott*

[Patients and Agents: Mental Illness, Modernity and Islam in Sylhet, Bangladesh](#) (Alyson Callan, 2012)

*Reviewed by Nasima Selim*

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