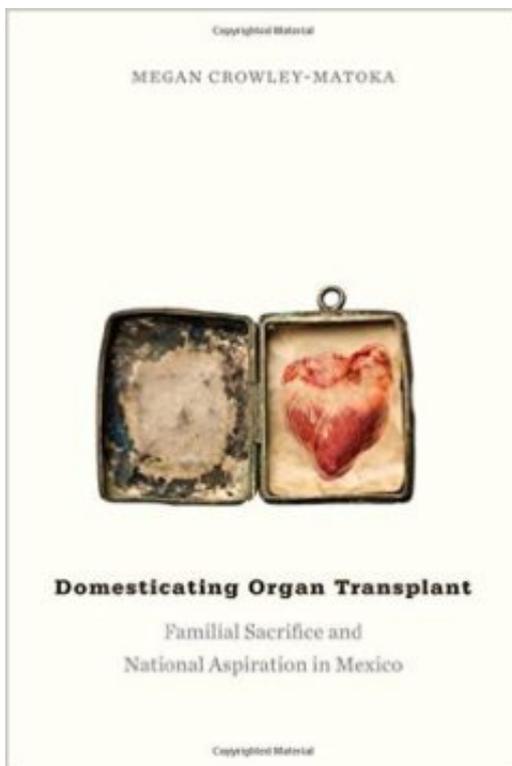


<http://somatosphere.net/2016/10/megan-crowley-matoka-domesticating-organ-transplant-familial-sacrifice-and-national-aspiration-in-mexico.html>

## Megan Crowley-Matoka's "Domesticating Organ Transplant: Familial Sacrifice and National Aspiration in Mexico"

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By Parsa Bastani



[Domesticating Organ Transplant: Familial Sacrifice and National Aspiration in Mexico](#)

[Megan Crowley-Matoka](#)

Duke University Press, 2016, 336 pages

In *Domesticating Organ Transplant: Familial Sacrifice and National Aspiration in Mexico*, Megan Crowley-Matoka carefully grapples with the symbols and everyday practices of organ transplantation in Guadalajara, Mexico. Her research focuses on transplantations that take place in two resource poor yet key public healthcare systems at the helm of transplant

medicine in Mexico. Through detailed ethnographic engagement with clinicians, government officials, patients, and their families, Crowley-Matoka follows the discursive life of multiple icons that have come to shape organ transplantation in locally particular ways. These icons are various and woven throughout the text, including *la familia mexicana*, the suffering mother, *el mestizo*, and “the slippery state.” The theoretical framework of the icon allows her to analyze the powerful and contested representations by which transplantation is signified and materialized in Mexico.

In developing her analysis, Crowley-Matoka most consistently draws on the icon of *la familia Mexicana* or the cohesive and self-sacrificial Mexican family. She argues that organ transplantation is a domesticated endeavor. As such, the Mexican family holds iconic currency on multiple scales. For the biomedical establishment, the evocation of “*la familia*” functions as a cultural and moral technology that has enabled Mexico to excel in transplantation from living donors. In the national imaginary, organs are understood to move from mothers to their (male) family members (Chapter 1). For transplant professionals and patients, the ideal outcome of transplantation is yoked to the attainment of a (hetero) normative Mexican family (Chapter 4). In other contexts, the iconic status of the family is less positive. For example, politicians blame the family for preventing the Mexican transplant initiative from expanding its expertise to cadaveric donations, due to the reluctance of surviving family members to consent to the medical use of their loved one’s deceased bodies (Chapter 2).

To the extent that Crowley-Matoka argues that the iconicity of domestication is productive of clinical, personal, and political transplantation realities, her book draws on Geertzian symbolic anthropology. Yet she is equally concerned with the complexities that said iconicity elides. She fully heeds Talal Asad’s directive in his critique of symbolic anthropology by staying fully cognizant of the question: “What are the conditions (discursive and non-discursive) which help explain how symbols come to be constructed, and how some of them are established as natural or authoritative as opposed to others?” (Asad, 1983, p. 240). Crowley-Matoka gives serious consideration to the gendered, professional, and socio-economic formations of power that keep icons alive. And beyond this, her engaged and careful research reveals that icons do not tell the entire story of transplantation in Mexico. She shows that iconic narratives of transplantation may not be quite as domesticated as they would initially seem.

Her use of “slipperiness” as a concept effectively captures ways in which people’s experiences of transplantation do not match its iconicity. She understands slipperiness to be the multifarious forms of illegibility and uncertainty that accompany and define transplantation endeavors in

Mexico (p.14-15). For example, the “biounavailability” of cadaveric donations was not simply due, as politicians claimed, to ignorant and uncultured families that refused to donate their relative’s body parts. Rather she argues that the lack of cadaveric donations results from the conceptual, logistical, and political slipperiness of brain death in Mexico. This slipperiness includes logistical failures at the hospitals, uncertainties surrounding the state of brain death, and the wide perception of rampant corruption in state institutions (Chapter 2). Her analysis of patient’s lived experiences also exposes the slipperiness of transplantation’s iconic salvation narrative. Lack of medical expertise in smaller clinics and difficulties in maintaining steady employment with insurance benefits thwarted patients’ dreams of becoming “normal” and healthy via transplantation (Chapter 4).

One of Crowley-Matoka’s key contributions in this book is her underscoring of the disjuncture between clinical assessments of transplant outcomes and the lived experiences of patients. The clinicians and staff viewed patients as lacking sufficient will and “agility” both before and after transplant procedures to creatively navigate hospital bureaucracy, secure a job with insurance benefits, and ask for help when needed. In this way, transplant professionals shifted blame from the organizations and political economy of health care in Mexico to the patients themselves (Chapters 3 and 4). She astutely criticizes physicians for their narrow approach to healthcare, as they often ignore its social, economic, and institutional dimensions. Crowley-Matoka’s anthropological perspective allows her to take a holistic view of transplantation that both extends beyond the “transactional moment” and the giver/receiver dyad (Chapter 5).

Another astute theoretical intervention is Crowley-Matoka’s problematization of the organ “gift.” Often, clinicians and international organizations see familial donations in a positive light, as contrasted with the demonized organ commodity trade. However, her research reveals that even “gifts” can be the products of naturalized and unnoticed injustices, specifically those that relate to gender. She hones in on the widespread icon of the “suffering mother” who gifts her kidney to ailing (male) family members and the fact that Mexican women were less likely than men to receive kidney transplantations. Even with these critiques, Crowley-Matoka avoids the sweeping generalizations found in some first world feminist positions. Instead, she sits with a number of empirical puzzles and ethnographic vignettes that allow readers a glimpse into the disparities that render transplantation culturally intelligible for Mexicans.

At times, the icons she incorporates can feel *too numerous* or *not integral enough* to the subject matter, forming a dizzying medley that distracts the reader from the core issues at stake. Those examples that come to mind are La Guadalupe (Introduction) and the “baby Jesus, doctor of the sick”

statue (Chapter 6). Keeping track of the multitude of icons makes it difficult to connect together the many themes of the book. Her arguments would have been more powerful if she had selected a few icons that operated as the most significant shared symbols of organ transplantation. Nevertheless, Crowley-Matoka's semiotics-inspired approach successfully offers new insights into a growing body of anthropological work on organ transplantation.

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