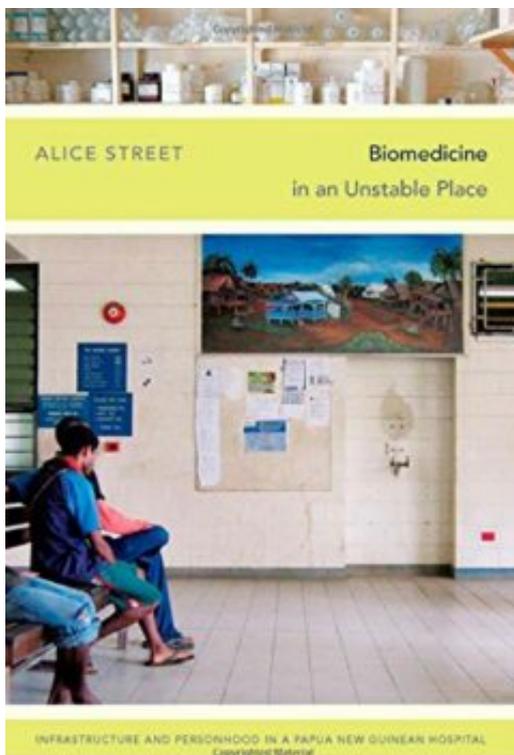


<http://somatosphere.net/2017/01/alice-streets-biomedicine-in-an-unstable-place-infrastructure-and-personhood-in-a-papua-new-guinean-hospital.htm>
!

Alice Street's "Biomedicine in an Unstable Place: Infrastructure and Personhood in a Papua New Guinean Hospital"

2017-01-30 05:00:13

By Mackenzie Cramblit



Biomedicine in an Unstable Place: Infrastructure and Personhood in a Papua New Guinean Hospital

by Alice Street

[Duke University Press](http://www.dukeupress.edu/biomedicine-in-an-unstable-place), 2014, 204 pages

Social anthropologist Alice Street's first book is a sensitive ethnography of personhood and recognition in Madang Hospital, an under-resourced provincial hospital in Papua New Guinea. The book shows how doctors, nurses, and patients endeavor to make themselves "visible" to others in order to initiate relations of care at multiple scales, while also emphasizing the uncertainties of diagnosis and treatment within an institution subject to perennial shortages of staff and supplies.

The book's main section explores the treatment and experience of disease within the public ward of Madang Hospital. Street describes how doctors must forego conclusive diagnosis and embrace a pragmatic approach to treating patients in an under-resourced setting. Doctors describe this experimental, kitchen-sink method as the one best suited to the circumstances at Madang Hospital. Street gives a generous reading of this "biomedical uncertainty," describing it as "another productive form that biomedical knowledge can take." But endorsing these "technologies of not knowing" feels out of step with the real ways doctors in this environment struggle to produce care amidst difficult constraints, and their desires for more resources and greater certainty (111). Street shows that Madang doctors are committed to taking action, treating patients as best they can in spite of the chronic resource shortages that limit the interventions at their disposal. But it seems important to distinguish between biomedical uncertainty that arises from circumstances outside doctors' control and biomedical uncertainty that reflects doctors' preference for diagnostic experimentation or nonclosure. In other words, when is uncertainty an unwelcome imposition – something doctors have to put up with – and when is it a strategy that they affirmatively choose?

The book is most compelling when it combines insights from the fields of New Melanesian Ethnography and medical anthropology to show how social inequalities present as differential possibilities of care within the hospital. The elusiveness of recovery in this space contributes to patients' profound anxieties about being properly recognized and acted upon by other actors within and outside the hospital. In a Melanesian context, visibility prompts social action, and being properly "seen" by others is the basis of relational and physical wellbeing. Thus, patients at Madang Hospital are more concerned about making themselves the subjects of others' care than they are about understanding the cause of their disease. Paradoxically, getting well in Madang Hospital presupposes the social viability it takes to make oneself appear as a person worth caring for. Street explains that patients attempt to "make themselves visible as socially viable and well persons" in order to initiate the relations of care (with doctors, nurses, and family members) through which they will actually be healed (118). Patients in the Madang public ward therefore suffer doubly: languishing in their beds due to inadequate attention and medical resources, while also blaming themselves for failing to appear deserving of care. If the doctors at Madang are often unsure how to diagnose patients because their symptoms are indeterminate, the patients actually appear to be doing much of this work themselves, though they often invoke so-called "cultural" explanations to rationalize their inability to get well rather than biomedical ones. It might have been interesting for Street to explore in greater depth how the burden of diagnosis in Madang Hospital is shared both *between* doctors and patients and *across* "cultural" and "biomedical" epistemologies.

The book's final section further develops the theme of social recognition to show how institutional and collective entities – nurses' unions, hospital administrators, clinicians, and researchers – engage strategies of visibility to attract the attention of other bodies and multiply the resources at their disposal. Street's analysis of a partnership between Madang Hospital and an Australian research hospital shows how the production of reputable global health research depends on and reinforces an unequal geography of place. While Australian researchers need to use Madang Hospital to collect samples from the local population, they are not willing to use its unreliable lab facilities to analyze them. But instead of investing in the improvement of these facilities – one lasting way that local hospital staff and patients might benefit from international research agreements – the researchers elect to ship samples back to Australia for analysis. Local hospital staff grumble because they are not engaged meaningfully in the partnership, and the Australian team's ceremonious gift of a single copy of a medical textbook feels tokenistic because it is incommensurate with the value generated by the research. These stories dramatize the inequalities that result when partnership is pursued without reciprocity. The question implicitly raised by these stories is a powerful one: What kind of exchange relationship is possible when one party is only a visitor within the transactional field?

Every anthropologist who has done fieldwork is familiar with the ethical concerns motivating this question, and Street is no exception. In the course of her research, she realizes that she has been drawn into the same world that she is studying, but that her powers have been inaccurately assessed. Patients believe she holds the key to unlocking "white people's medicine", evidently viewing her "as another 'hospital technology'" they can leverage in the course of their treatment (32). Street (not a trained physician) notes with measured disappointment that she was unable to provide the care that patients sought from her, even if her attentiveness was soothing in other respects. But this problem of incommensurability, which is central not only to the modes of partnership and exchange that this book examines, but also to the enterprise of ethnography itself, deserves more expansive commentary from the author – indeed, from all of us. Is it enough for anthropologists to continually intone that "[g]ood description is not inert"? (33) Or do we also bear the responsibility of asking more precisely *how* the ethnographies we write participate in reality? I would suggest that our capacity to really see each other – that is, to attend to each other in real and lasting ways – depends on it.

Mackenzie Cramblit is a PhD Candidate at Duke University motivated by questions of intimacy, care and value in relation to rural places. She is

interested in understanding what constitutes an “environment,” how environments are made livable, and how we become attached to each other in their midst. Her dissertation approaches these ideas through a study of a remote community and “wild” landscape on the West Coast of Scotland.

AMA citation

Cramblit M. Alice Street's "Biomedicine in an Unstable Place: Infrastructure and Personhood in a Papua New Guinean Hospital". *Somatosphere*. 2017. Available at: <http://somatosphere.net/2017/01/alice-streets-biomedicine-in-an-unstable-place-infrastructure-and-personhood-in-a-papua-new-guinean-hospital.html>. Accessed July 18, 2017.

APA citation

Cramblit, Mackenzie. (2017). *Alice Street's "Biomedicine in an Unstable Place: Infrastructure and Personhood in a Papua New Guinean Hospital"*. Retrieved July 18, 2017, from Somatosphere Web site: <http://somatosphere.net/2017/01/alice-streets-biomedicine-in-an-unstable-place-infrastructure-and-personhood-in-a-papua-new-guinean-hospital.html>

Chicago citation

Cramblit, Mackenzie. 2017. Alice Street's "Biomedicine in an Unstable Place: Infrastructure and Personhood in a Papua New Guinean Hospital". Somatosphere. <http://somatosphere.net/2017/01/alice-streets-biomedicine-in-an-unstable-place-infrastructure-and-personhood-in-a-papua-new-guinean-hospital.html> (accessed July 18, 2017).

Harvard citation

Cramblit, M 2017, *Alice Street's "Biomedicine in an Unstable Place: Infrastructure and Personhood in a Papua New Guinean Hospital"*, Somatosphere. Retrieved July 18, 2017, from <<http://somatosphere.net/2017/01/alice-streets-biomedicine-in-an-unstable-place-infrastructure-and-personhood-in-a-papua-new-guinean-hospital.html>>

MLA citation

Cramblit, Mackenzie. "Alice Street's "Biomedicine in an Unstable Place: Infrastructure and Personhood in a Papua New Guinean Hospital"." 30 Jan. 2017. Somatosphere. Accessed 18 Jul. 2017.<<http://somatosphere.net/2017/01/alice-streets-biomedicine-in-an-unstable-place-infrastructure-and-personhood-in-a-papua-new-guinean-hospital.html>>