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Special Issue: Ethnographic Explorations of the Right to Health in Practice

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By Anna Zogas

October's issue of [Medical Anthropology: Cross-Cultural Studies in Health and Illness](#) is a themed issue, edited by Alejandro Cerón & Jessica Jerome. The articles are "Ethnographic Explorations of the Right to Health in Practice." Here are the abstracts:

[Engaging with the Right to Health: Ethnographic Explorations of the Right to Health in Practice](#) (*open access*)

Alejandro Cerón & Jessica Jerome

[...] Thinking about health and health care as something that all people should have access to regardless of their ability to pay for it is an idea that gained traction following the 1948 Universal Declaration of Human Rights and the creation of the World Health Organization. Right to health language began to appear in national constitutions in response to local and global concerns around health inequalities. As right to health principles were implemented around the world, many questions emerged such as whether or not these principles were enough to guarantee access to affordable health services and create health care equality among citizens. Against this background, our special issue offers ethnographic examples that explore how the right to health as policy, principle and practice is evolving within specific health systems around the world [...].

[Right to Health: A Buzzword in Health Policy in Indonesia](#)

Priscilla Magrath

The "right to health" operates as a buzzword in Indonesia to frame health policies as beneficial to citizens. Right to health is equated with access to Western biomedical services. Within the policy on partnership between biomedical and traditional midwives, only the biomedical midwife can fulfill the right to health. The "traditional" midwife is reframed as her assistant. Right to health language hides underlying tensions in relationships between these two

categories of midwives by presenting the policy as mutually beneficial. Right to health language is effective in the post-Suharto era as it aligns with other incontestable values, including democracy and modernity.

[Numbers that Matter: Right to Health and Peruvian Maternal Strategies](#)

Lucia Guerra-Reyes

The rights to health and to culturally respectful care are inextricably linked in the documents supporting Peruvian Maternal Health Policy. Strategies of Intercultural Birthing and Maternal Waiting Houses were purported to reduce maternal deaths, while extending the right to health to marginalized indigenous women. Based on 17 months of field research in Peru, I argue that the narrow focus on achieving “good numbers” creates and sustains coercive modes of strategy applications. As a result, the on-the-ground implementation of these innovative strategies made them incompatible with right to health and culturally respectful care approaches

[“Human Life is Inviolable”: Costa Rica’s Human Rights Crucible](#)

Lynn M. Morgan

The Costa Rican Constitutional Court banned in vitro fertilization in 2000, citing the inviolability of life. Conservatives hoped the ban would initiate a hemispheric movement to protect the unborn. But in 2012 the Inter-American Court of Human Rights ruled that reproductive rights are human rights and that women’s rights take precedence over embryo rights. The episode precipitated a national identity crisis: how could a country that supports universal health care be labeled a human rights violator as a result of its efforts to protect nascent human life? Expanding the health and human rights framework helps us appreciate how IVF became Costa Rica’s human rights crucible.

[Sovereign Rules and Rearrangements: Banning Methadone in Occupied Crimea](#)

Jennifer J. Carroll

In 2014, Russian authorities in occupied Crimea shut down all medication-assisted treatment (MAT) programs for patients with opioid use disorder. These closures dramatically enacted a new political order. As the sovereign occupiers in Crimea advanced

new constellations of citizenship and statehood, so the very concept of “right to health” was re-tooled. Social imaginations of drug use helped single out MAT patients as a population whose “right to health,” protected by the state, would be artificially restricted. Here, I argue that such acts of medical disenfranchisement should be understood as contemporary acts of statecraft.

[Undocumented Motherhood: Gender, Maternal Identity, and the Politics of Health Care Identity, and the Politics of Health Care](#)

Elizabeth Farfán-Santos

Undocumented Mexican immigrants have had to regularly confront a prohibiting health care system despite alienation, marginalization, and the threat of deportation. In this article, I explore the impact of political exclusion and alienating discourses on the health habitus of undocumented Mexican mothers through the narrative of one mother, Marta Garza, who finds herself at the painful intersection of political and medical alienation. Marta’s narrative reflects an analytical framework that centers undocumented motherhood as a space of necessary resilience and strain, wherein she is forced to advocate for her children’s health despite prohibitive barriers and dangerous potential consequences.

[Much More than a Clinic: Chicago’s Free Health Centers 1968-1972](#)

Jessica Jerome

Drawing on archival evidence, I document the emergence and florescence of three free health clinics in Chicago in the late 1960s. I trace the centers’ forceful removal by the city’s Board of Health, and their subsequent replacement by Federally Qualified Health Centers (FHQCs). I argue that the demise of the free centers is exemplary of a broader trend in US health policy of regulating and diminishing the health care options of poor Americans. By highlighting the stark contrast between Chicago’s free health centers of the 1960s and the health care services offered by contemporary FQHCs, I reveal a gradual shift from health care rights to accessing care in the US health care safety net.

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