

On the public and private politics of well-being

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Medical anthropology tends to focus as much on social or societal well-being as on individual well-being. At least since Nancy Scheper-Hughes and Margaret Lock's (1987) 'prolegomenon to future work in medical anthropology', researchers have been tracing the intricate ways that political, social, and individual bodies are entwined in the making of both health and disease. This issue of *Medicine Anthropology Theory*, which contains a range of regular contributions as well as a special section on ethnomedicine and another on critical global health, reminds us of the importance of attending to how society shapes individual health and how individuals – especially caregivers and health workers – shape social well-being. This seems especially relevant at the present moment, when health care is increasingly driven by money and related metrics.

Several of the pieces published in this issue highlight how illness, addiction, and old age are variously made public or private. This work is accomplished by different players, in order to contribute to particular notions of what is healthy, for both individuals and societies. Articles by Jason Danely and Danya Fast explicitly take up the relegation of health care to public and private domains. Danely's article on eldercare in Kyoto, Japan, draws a stark parallel between keeping the streets clear of garbage and keeping the streets clear of the elderly. He invites us to imagine the care workers who attentively and efficiently tend to the elderly as 'a human infrastructure of the politics of well-being' in Japanese society. Not only do they take care of the 'dirty' work of changing diapers, they also help to conceal and contain the elderly from the public domain.

Coming at the relationship between public and private from a different perspective, Fast offers a deeply reflexive account of her eight-year ethnographic engagement with drug using, street-involved youth in her home city of Vancouver. Her elegant autoethnography weaves a tale in which these youth see their involvement in research projects as proof that they lead – or will lead – ‘normal’ lives. In her work, city streets and health interventions mark out public domains, and the entwined bureaucracies of urban planning and public health routinely deny street-involved youth the pleasures of privacy and normalcy in the name of providing public services in a city that styles itself ‘The Best Place on Earth’.

In both Kyoto and Vancouver, we witness efforts to keep the streets clean of that which would bely the successes of modern urban planning. In both cases, care – care for the elderly, care for the addicted – plays an important role in painting efforts to conceal the unsightly as moral acts. In rural Burkina Faso, the decision of public health care workers to go on a weeklong strike becomes justified through the morality of what Lise Rosendal Østergaard calls ‘occupational citizenship’. Frustrated by their inability to provide adequate care in a context of material deprivation and technological limitations, public health care workers position themselves as public servants, simultaneously pledging to provide the best, though necessarily provisional, care possible, and denying those services through a strike to improve work conditions. Through this lens, we come to see health worker strikes as not only collective actions aiming to benefit the individuals involved, but also to benefit the public and society at large.

This issue also contains two articles in our Found in Translation section, both of which also question the relationship between public and private in the quest for societal well-being. One article is by Klaas van der Veen, a Dutch anthropologist who, together with Sjaak van der Geest, helped to establish a specialty in medical anthropology at the University of Amsterdam. Van der Veen passed away in May of 2016, prompting Van der Geest to write a fitting obituary and also to bring some of Van der Veen’s writing to a larger public. In this piece, Van der Veen describes an exchange program in which he was involved that brought three doctoral researchers from India to the Netherlands to study Dutch eldercare. Much as in Japan, the Indians found that the Dutch put a strong emphasis on maintaining privacy in the context of eldercare. Being cared for by professional health care workers instead of family allowed the elderly to maintain a semblance of autonomy and independence from their adult children; paying others to change their diapers meant they could continue on more equal footing with their children into old age.

The second translated article is a seminal piece on folk medicine by the Spanish anthropologist Josep Comelles, which was originally published in Italian. The article provides a historical analysis of the relationship between biomedicine and the emergence of the concept of folk medicine in southern Europe in the late nineteenth and early twentieth

century. His meticulous research demonstrates the important role that rural doctors had in studying and documenting folk medical practices at a time when secular science was dismissing such practices as superstitious. The relationship between public and private emerges in Comelles's account as we peer into the lives of country medical doctors using their private time to learn the ways that impoverished peasants cared for one another in the absence of biomedicine, at a time when such was still relatively scarce. Comelles makes a strong case that the antecedents of contemporary applied medical anthropology in southern Europe can be best traced to medical doctors writing 'clinical ethnographies' based on qualitative research of peasants' medical practices.

In her introduction to the first of the two special sections in this issue, Vincanne Adams makes a similar argument about the relationship between studies of ethnomedicine and the field of medical anthropology as a whole. She writes: 'at the heart of much of what we do in medical anthropology is a fundamental set of concerns about how people attempt to heal, how they define disease and health, how they make claims about the legitimacy of their culture in and through medicine, and how medical systems reflect basic cultural claims'. This special section, edited by Sienna Craig, takes the case of Tibetan medicine, or Sowa Rigpa, to discuss the study of ethnomedicine in the field of medical anthropology today. Adams's introduction is followed by articles by Calum Blaikie, Sienna Craig and Barbara Gerke, and Stephan Kloos; these examine recent debates around Tibetan medicine in relation to national identity, political recognition, and cultural survival. Given the eloquence of Adams's introduction we only wish to add that the thread of the politics of well-being also runs through this special section, albeit with less attention to private practices and more to public debates.

The second special section featured in this issue is a collection of think pieces, edited by Vincanne Adams and João Biehl, that offers a critical frame for the study of global health. After an introduction by Adams and Biehl, seven essays reflect on recent work by medical anthropologists to interrogate emerging debates on evidence making, efficacy, and ethics. The big question the essays ask and also begin to answer is: 'How can the effort to "people" global health continue to challenge our notions of what kind of theorizing we can do today, and what forms of on-the-ground engagement are desirable and possible?'

Rounding out this issue of *MAT* is a photo essay by Kelley Sams on eye health in rural Niger; book reviews by Marieke van Eijk, Karen Mogendorff, Beth Uzwiak, and Anna Zogas; and a Nightstand essay on journal standards by Kirsten Bell. Similar to the rural dispensaries Østergaard describes in her article on neighboring Burkina Faso, Sams's photos take us to a world where scarcity is the norm and medical treatments are often provisional. Investigating the ways that her research participants make sense of trachoma and eye health

in general, the essay seems to echo both special sections, simultaneously illustrating the divide between standardized global health interventions and local material and medical realities, and the insights to be gained by attending to ethnomedical practices. Finally, in the Nightstand section, Kirsten Bell is back with another reflection on journal standards, this time linking the nursery rhyme of the ‘The Old Lady Who Swallowed a Fly’ to that little box on ethical standards that we are often asked to check when submitting an academic article.

Reference

Scheper-Hughes, Nancy, and Margaret M. Lock. 1987. ‘The Mindful Body: A Prolegomenon to Future Work in Medical Anthropology’. *Medical Anthropology Quarterly* New Series 1, no. 1: 6–41.