# Research Africa Reviews Vol. 2 No. 1, April 2018

These reviews may be found on the *RA Reviews* website at: https://sites.duke.edu/researchafrica/ra-reviews/volume-2-issue-1-april-2018/

Ramah McKay, *Medicine in the Meantime: The Work of Care in Mozambique*. Publisher:: Duke University Press, 256 pp. Year: 2018. ISBN-10: 0822370190/ ISBN-13: 978-0822370192

Reviewed by: John Mwangi Githigaro, St. Paul's University, Kenya

# **Introduction and Summary**

Using an in-depth and rich ethnographic approach, *Medicine in the Meantime* examines the 'politics of care' through the lenses of two medical projects in Mozambique. The intent of the book, which it succinctly achieves, is to isolate the multiple entanglements that accompany the practices of 'care' for patients living with chronic conditions. The book's central thesis aims to unravel how local and transnational actors, and their associated health practices, have shaped the quality of medical provision in Mozambique. Conclusions are derived from an interrogation of the entanglements between the public health infrastructure and transnational medical practices. In isolating these 'entanglements,' the author explains how 'care' is mediated by transnational medical practices, knowledge and practices yet also questions the implications of this dynamic (p.19). In situating the changing notions of care and the associated 'politics', the work draws on multiple voices in the care sector. The author engages with local volunteers, government officials, NGO workers, expatriate staff, and patients to highlight their various experiences in care with a skeptical acceptance of transnational medical interventions. While these transnational-ized practices of care create livelihood opportunities, how do they in turn mediate the quality of care they provide? This is a central question that the work addresses.

### **Selected Themes**

In chapter two, the book offers a critical reflection on a transnational process of exchange where patients rely both on the government and NGOs for their health needs. In order to provide adequate services, NGOs are reliant on community labor in their interventions (p.78). This chapter explores the various ways that voluntary community labor makes the deliverance of care possible. This dependence on community work is deemed helpful in environments that have an over-burdened public healthcare system. Community labor aids the process of tracking health interventions and collecting data, which justify future interventions. The chapter speaks to how reimbursements and per-diems themselves constitute a way of accessing 'resources of care' as this community labor is not compensated but remains a critical cog in healthcare delivery for Mozambique.

Chapter three explores broadly how food aid is tied to international development. This chapter examines how food assistance has evolved from past practices reaching the general populace to

the present, where food distribution is associated with medical criterion. Under present conditions, food aid is given to patients living with conditions such as HIV; this is basically to assist them in regaining their health. This chapter is critical of the six-month supply of food accorded to patients since such intervention lacks sustainability and is hinged on donor's funding cycles. Additionally, the author observes that past food aid was stigmatizing to mainly rural residents who were termed as lazy and hence promoted dependency on food assistance. This stigmatization, while politicized, obscured how extractive economies in rural regions were organized (p.106).

Chapter four examines the web of relations embedded within the circulation of therapeutic food. Food in this context is tied to the medication of chronic illnesses such as HIV. The chapter observes the shifting notion of food in transnationalized medical practices. The shift being that food support has evolved from a form of social justice to a narrow definition of vulnerability. Food aid in this case is connected to vulnerabilities and to bodies that need 'replenishing'. This food intervention is critiqued on the premise that it did not consider other relations that would be part of food support such as family members and friends that make care possible (pp.123-124). The chapter argues that food support was not enabled by poverty alone, but rather was tied to critical health needs. Additionally, supplying food as a form of intervention is argued to be a reflection of donor's priorities as opposed to client preferences. In a nutshell, this chapter elucidates the 'distinction between food as medicine and food as an economic, material and relational resource' (p.128).

Chapter five draws on Clinica 2 psychology staff to situate how both humanitarian and public medical efforts have influenced community labor and patient experiences. This chapter demonstrates how the expatriate and the local staff delivered their services, including how elitism and the cadre of staff influenced overall service delivery (pp.145-146). For the expatriate staff, the clinic became a site and stepping stone for transnational mobility. To the local staff, the humanitarian funds made 'employment' possible but also facilitated their work and career growth away from a dilapidated public health care system. Notably, this chapter speaks to challenges of psychological work, and how new health interventions and investments have impacted the quality of care that is delivered to clients at the facility. Among other challenges, lack of listening skills by psychology staff members had negative implications on patients' care (pp.148-149).

Chapter six engages with how documentary practices both inhibit the process of care and act as enablers. Documenting paperwork for patients coming to clinics in the case studies is deemed as bureaucratizing access to care. The author speaks to the many hours spent by clinic staff to locate proper documents. This practice of keeping patient files and records is described as reflective of internationalized practices of tracking outcomes of provided health assistance. Associated with patient record keeping is the denial of healthcare to patients who fail to provide needed documents (prescription forms, appointment slips etc.). In analyzing the record-keeping system in healthcare, it was found that the forms and documents were being used for a variety of reasons. They were relied upon for project management, research and for medical instructions (p.180). Data collection was thus critical for program evaluation and for seeking donor funding

for continuity of care in the case studies in Mozambique. These documents were, however, creating a challenge with records-keeping in the form of documentary confusion. A resulting negative consequence of this system is that it enabled 'corruption' to mediate access to medical care (p.185).

# **Strong Points**

One of the book's key strength is its ability to use Mozambique as a useful case study in the debates regarding global healthcare, a pivotal analysis that resonates with other studies that show how transnational medical economies are organized globally (Farmer et.al 2013; Dixey,2013). By integrating a political economy approach, the book demonstrates how the practices of care, funding, and knowledge manifest transnationally. Practices such as patient data collection, counseling, and data reporting enable the justification, continuity and measurement of success. Ultimately, this allows funding to flow beyond the Mozambican case study.

An additional relevant argument that the book raises is that of sustainability and how it contributes to holistic human development (cf. Sen, 2013). Whereas transnational health support is welcome in resource constrained settings, the short-term and fickle nature of aid raises the question of how health gains can be sustained. The audience is encouraged to consider how a dependency syndrome would be overcome. A valid critique that the book raises is how medical aid is itself discriminatory. Transnational medicine is tied to categories of vulnerability (for example being diagnosed with HIV, TB) while the health needs of the general populace are obscured. This selectivity has an impact on the forms of care delivered, especially in post funding phases. The book remains critical of humanitarian intervention couched around the 'emergency crisis' for short term interventions (p.110).

The book remains critical of the NGO model of development. Even beyond Mozambique, the biased prioritization of NGO program activities is a detriment to more tangible interventions such as infrastructure, salary support, or social programs. Instead, workshops have become key markers of development practice and are easily fit into 'outputs' (pp.79-86).

## Critique

While it is clear to the reader that the writer is using an ethnographic approach via the inclusion of medical anthropologist references, a detailed account of the author's reflection on her positionality in this research would have benefitted the work. It would have been useful to reflect in detail how the author's positionality was navigated and accounted for in the work. In other words, did the researcher step back from her participant observations, field notes, and her 'outsider' context at certain intervals to reflect on how all these circumstances were influencing the research and interpretations? In other words, the work would have been enriched by a brief section on 'positionality' and how the various subjectivities entangled in the research process were avoided or mitigated.

The work, in certain instances, does not use the relatively more accepted terminologies when describing chronic conditions. It is more acceptable to speak of an HIV patient without the use of "AIDS". Labels of HIV typically reduce the stigma that has been associated with the usage of the word "AIDS" in the development discourse.

7

### Overall evaluation

On the whole, the study advances the progress and maintains the skepticism of other globalized health projects. In doing so, the work draws on inter-disciplinarily approaches to situate the development and effects of globalized medical projects. The author offers a compelling read in comparison to studies that only offer theoretical approaches by drawing on a rich ethnographic approach and by showcasing the voices of various participants. This book would be of primary interest to anthropologists and researchers in the field of politics and development studies.

## References

Amartya Sen (2013). The Ends and Means of Sustainability, *Journal of Human Development and Capabilities*, 14:1, 6-20.

Sharan B. Merriam , Juanita Johnson-Bailey , Ming-Yeh Lee , Youngwha Kee ,Gabo Ntseane & Mazanah Muhamad (2001). Power and positionality: negotiating insider/outsider status within and across cultures, *International Journal of Lifelong Education*, 20:5, 405-416.

#### Research Africa

Copyright © 2018 by Research Africa, (research\_africa-editor@duke.edu), all rights reserved. RA allows for copy and redistribution of the material in any medium or format, provided that full and accurate credit is given to the author, the date of publication, and the location of the review on the RA website. You may not distribute the modified material. RA reserves the right to withdraw permission for republication of individual reviews at any time and for any specific case. For any other proposed uses, contact RA's Editor-in-Chief. The opinions represented in the reviews and published on the RA Reviews website are not necessarily those held by RA and its Review editorial team.

ISSN 2575-6990