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Mary-Jo Del Vecchio Good

Experiencing Medical Power and the State, through these fascinating diverse papers, contributes to the comparative project of contemporary medical anthropology that is global and local in scope and scape, whether Swiss or American. A colleague at Harvard University, Michael Herzfeld, in his 2001 distinguished lecture for the School of American Research in New Mexico, argues that «ethnography is also increasingly, not decreasingly, comparative in its implications». Those of us who had our early education in the intellectual milieu of comparative sociology and new nations anthropology in the 1960s and 1970s presume that the essence of social science inquiry is comparative. Dynamic exchanges among local, national and global worlds have drawn intense ethnographic attention over the past three decades, even prior to the popularization of «globalization studies» and discussions of «flows» of knowledge, power, practices, and pharmaceuticals. The comparative project on Asian Medical Systems of Charles Leslie and Frederick Dunn, published in 1976, became a model for many scholars and launched a new generation of anthropologists who turned their particular ethnographic gaze and inquiry to medical systems in societies throughout the world. Comparative efforts were at times explicit and at times more subtle or implicit. Nevertheless, the agenda of this period was distinctly comparative and international, as exemplified by the founding of the journal *Culture, Medicine and Psychiatry: An International Journal of Comparative Cross Cultural Research,* by Arthur Kleinman in 1977, and subsequently edited by others from the Harvard Group (Byron Good, Mary-Jo Good, Anne Becker, Peter Guarnaccia, Joseph Dumit, and Roberto-Louis Fernandez). This comparative and international agenda was also foundational to the development of medical anthropology at Harvard, as well as among our colleagues elsewhere in the United States and abroad.[1] Our students and fellows have developed new discourses, pushed the theoretical and ethnographic boundaries of their

[1] Arthur Kleinman, Byron Good and myself carried out our ethnographic research in the United States and abroad, in China (Kleinman), Iran, Turkey and Indonesia (B. Good and M. Good).

seniors, and sought out new political arenas within which to address the moral dimensions of health policies and practices (see Paul Farmer, Jim Kim, among others). Nevertheless, they continue the comparative discourses as they pursue their research across the globe as well as in their own societies, enriching the Harvard seminars in medical anthropology. Many of contributors to this issue of *Tsantsa* have been participants in those seminars and carry forward the scholarly inquiry of the comparative, global and local projects in their own institutions as well.

The papers in this issue of *Tsantsa* powerfully focus on how we analyze the role of the state and of major medical institutions in health policy; they offer interpretive and analytic frames which give us detailed access to the quandaries of a world in which there is a global exchange in people, politics and diseases. Corina Salis Gross and Ilario Rossi examine the politics of serving «the other» – and the difficulties encountered by state bureaucracies when designing health care systems for non-citizens, for immigrants and refugees, who must be «other» in order to receive care. Sandra Hyde's study of the Chinese health bureaucracy in relation to the questions of the border and «the other» vividly demonstrates the politics of health statistics, particularly with HIV/AIDS. Brigit Obrist challenges the implementation of the discourse of hygiene as a global public health idea when asking «what does the hygiene discourse mean in an African state that has lost its strength?» She notes that Tanzanian women wish their state were stronger and therefore able to deliver efficient and effective structural support needed for household hygiene. The weak state is also evident in Laurent Ruedin's description of community memory of the colonial state in Mozambique and its the influence on contemporary state policies in immunization. The gap between state health policy, providers and community members is multilayered and political as well as based in differences in the understanding of immunization. Local fears of inoculation may not be unfounded as evidenced by the Chinese case of HIV infection through blood donation and pooling. Christine Kopp and Joshua Breslau bring our attention to the institutions of medicine. Kopp analyzes the «discourse of hope» that is generated by the power that pharmaceuticals and their producers have in the domain of HIV/AIDS treatment, and examines the important link between knowledge producing institutions and models, the universities and clinical trials, and the producers and marketers. Breslau performs a subtle analysis of the weakness of Japanese psychiatry as an institution, leading to the Japanese practice of non-disclosure of schizophrenia to patients and families. Certainly in the area of cancer and disclosure, changes in practice were directly tied to changes in the ability to intervene and treat, according to Japanese scientists at the Japanese National Cancer Institute.

In each of these papers, the authors discuss limits and weaknesses of the state apparatus and of medical and health care institutions. The brute realities of the ethnographic contexts described by these authors and their careful analyses work against overly simplistic interpretations of power and knowledge in our contemporary world even as they call for implicit comparative interpretations.

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