FOREWORD

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Medical Anthropology: Health, Inequality, and Social Justice is a new series from Rutgers University Press, designed to capture the diversity of contemporary medical anthropological research and writing. The beauty of ethnography is its capacity, through storytelling, to make sense of suffering as a social experience and to set it in context. Central to our focus in this series on health, illness, and social justice, therefore, is the way in which social structures and ideologies shape the likelihood and impact of infections, injuries, bodily ruptures and disease, chronic conditions and disability, treatment and care, social repair, and death.

The brief for this series is broad. The books are concerned with health and illness, healing practices, and access to care, but the authors illustrate too the importance of context—of geography, physical condition, service availability, and income. Health and illness are social facts; the circumstances of the maintenance and loss of health are always and everywhere shaped by structural, global, and local relations. Society, culture, economy, and political organization as much as ecology shape the variance of illness, disability, and disadvantage. But as medical anthropologists have long illustrated, the relationships of social context and health status are complex. In addressing these questions, the authors in this series showcase the theoretical sophistication, methodological rigor, and empirical richness of the field while expanding a map of illness, and social and institutional life to illustrate the effects of material conditions and social meanings in troubling and surprising ways.

The books in the series move across social circumstances, health conditions, and geography, and their intersections and interactions, to demonstrate how individuals, communities, and states manage assaults on well-being. The books reflect medical anthropology as a constantly changing field of scholarship, drawing on research diversely in residential and virtual communities, clinics, and laboratories; in emergency care and public health settings; with service providers, individual healers, and households; and with social bodies, human bodies, and biologies. While medical anthropology once concentrated on systems of healing, particular diseases, and embodied experiences, today the field has expanded to include environmental disaster and war, science, technology and faith, gender-based violence, and forced migration. Curiosity about the body and its

vicissitudes remains a pivot for our work, but our concerns are with the location of bodies in social life and with how social structures, temporal imperatives, and shifting exigencies shape life courses. This dynamic field reflects an ethics of the discipline to address these pressing issues of our time.

Globalization has contributed to and adds to the complexity of influences on health outcomes; it (re)produces social and economic relations that institutionalize poverty, unequal conditions of everyday life and work, and environments in which diseases increase or subside. Globalization patterns the movement and relations of peoples, technologies and knowledge, and programs and treatments; it shapes differences in health experiences and outcomes across space; it informs and amplifies inequalities at individual and country levels. Global forces and local inequalities compound and constantly load on individuals to impact on their physical and mental health and on their households and communities. At the same time, as the subtitle of this series indicates, we are concerned with questions of social exclusion and inclusion, social justice and repair, again both globally and in local settings. The books will challenge readers to reflect not only on sickness and suffering, deficit and despair, but also on resistance and restitution—on how people respond to injustices and evade the fault lines that might seem to predetermine life outcomes. While not all the books take this direction, the aim is to widen the frame within which we conceptualize embodiment and suffering.

The successful development and introduction of antiretroviral therapy (ART) shifted HIV infection from a social and biological death of those who were infected to a chronic condition. But the scale-up of ART programs, the cost of their delivery in poor countries where infection is most prevalent, the acceptance of and continued adherence to therapy and preventive behaviors, and HIV's continued stigmatization mean that HIV remains a challenge personally and at the levels of government, community, and household.

Christian Reed, in *Landscapes of Activism: Civil Society and HIV and AIDS Care in Northern Mozambique*, turns to a setting of high HIV prevalence. In the coastal town of Pemba, AIDS activists, patient-activists, and the government joined forces, promising to address the challenges around HIV—affordable medication, personal support, patient reluctance, and negative community attitudes. Donors stepped in with the resources for workshops, income-generation projects, employment opportunities, and outreach. Specialist AIDS clinics were set up and began to roll out ART and support people subject to social exclusion as well as poor health. But slowly—perhaps inevitably—activism was weakened by the bureaucratic demands of the state and international development agencies. Auditing and accountability increasingly determined the roles of activists as their leaders began to concentrate on competition for prestige, personal opportunity, and cash resources. Consequently, activism was unmade. The clinics

closed as national health policy took a new turn toward strengthening health systems and integrating chronic care. By the end of the *Landscapes of Activism*, the NGO with which Reed worked, Caridade, had collapsed, its leaders battling their own demons and distorted ambitions. We are left with the specter of notebooks, pens, and pencils—bought for educational interventions—that leaked into local markets; drunken leaders and disheartened patients; and community gardens turned into weeds and empty chicken runs. The dilemma is one of innovation and civil society, sustainability and the state—how to best respond to public interest and support human rights to best meet the needs of people directly affected by HIV while also tackling poverty, social vulnerability, and local and global inequalities.