

FOREWORD

LENORE MANDERSON

Medical Anthropology: Health, Inequality, 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 as well as chronic conditions and disability, treatment and care, and 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, with social bodies, human bodies, and biologies. Medical anthropology once concentrated on systems of healing, particular diseases, and embodied experiences, but 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 as well as programs and treatments; it shapes differences in health experience and outcomes across space; and 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, and social justice and repair—again both globally and in local settings. The books will challenge readers not only to reflect 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. Although not all the books take this direction, the aim is to widen the frame within which we conceptualize embodiment and suffering.

Alison Heller takes us to the heart of suffering. The setting is Niger, and, in particular, the four institutions in which women of all ages, married and single, with and without children, place their faith in the promises of doctors, donors, women's health advocates, and the media that their condition—the “sickness of leaking urine”—can readily be cured. Women with vaginal fistulas—holes from their vagina to their bladder or rectum from traumatic childbirth and poor obstetric care, which leak urine and feces—wait for months and years until their number comes up and a surgeon is on hand to effect repair. Many return for more surgeries; yet with each repeat surgery and further scar tissue, repair is less likely to occur. Others wait for surgery that turns out to be inappropriate: they may have recurrent bladder infections, or pelvic organ prolapse, or pelvic floor weakness, and do not, after all, have fistula.

Fistula Politics instantiates the embodiment of gender, certainly. But as Heller illustrates, familiar accounts of rejection and divorce, nasty co-wives and jealous in-laws, abandonment by kin, social exclusion, depression, and suicide overshadow other stories of women's resilience, pragmatism, and making do. Nigérien religious and kinship systems, gender, politics, and economics intersect to influence whether, when, and if women seek care when they are in labor, and from whom they receive care. These circumstances pattern women's risk of fistula, their experience of the condition, and their access to medical care.

Most of the women who end up in Niger's centers for fistula repair are desperately poor, rural women, who are often illiterate. Heller's interlocutors traveled

across the country, often at great personal risk, far from their husbands and kin, in search of a cure. In their absence from home, their husbands bring in co-wives, their families reconstitute, and their children grow up. Meanwhile, at the centers, women forge new ties, brought together by their faith and the everyday rituals of workshop, and by ethnic identity and language.

In this superbly illustrated book, drawing on her work with one hundred of the women who had chosen a pilgrimage of repair, Heller illustrates how popular narratives about fistula serve the interests of humanitarian organizations and their supporters, donors, surgeons, and the media, far more so than the interests and life chances of the women with fistula.

