FOREWORD

LENORE MANDERSON

Medical Anthropology: Health, Inequality and Social Justice aims 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, therefore, is the way in which social structures, political-economic systems, 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.

Health and illness are social facts; the circumstances of the maintenance and loss of health are always and everywhere shaped by structural, local, and global relations. Social formations and relations, culture, economy, and political organization as much as ecology shape the variance of illness, disability, and disadvantage. The authors of the monographs in this series are concerned centrally with health and illness, healing practices, and access to care, but in each case they highlight the importance of such differences in context as expressed and experienced at individual, household, and wider levels: health risks and outcomes of social structure and household economy, for instance, health systems factors, and national and global politics and economics all shape people's lives. In their accounts of health, inequality, and social justice, the authors move across social circumstances, health conditions, and geography, and their intersections and interactions, to demonstrate how individuals, communities, and states manage assaults on people's health and well-being.

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 reflect medical anthropology as a constantly changing field of scholarship, drawing on research diversely in residential and virtual communities, in clinics and laboratories, and in emergency care and public health settings with service providers, individual healers, and households, with social bodies, human bodies, and biologies. Although medical anthropology once concentrated on systems of healing, particular diseases, and embodied experiences, today the field has expanded to include environmental disaster, war, science, technology, faith, gender-based violence, and forced

migration. Curiosity about the body and its vicissitudes remains pivotal to 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 has patterned the movement and relations of peoples, technologies, and knowledge, programs, and treatments; it shapes differences in health experience and outcomes across space; it informs and amplifies inequalities at both individual and country levels. Global forces and local inequalities compound and constantly weigh on individuals, impacting their physical and mental health, and 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. The aim is to widen the frame within which we conceptualize embodiment and suffering.

The capacity to heal is revered everywhere, yet anthropology's interest in the acquisition of the knowledge, skills, techniques, and arts of healing has been primarily for spiritual healers, including the revelation of their vocation, their initiation and induction, and their herbs and fetishes, appurtenances, and possessions. In these conventionally low-income settings, training takes place through apprenticeship to other experienced healers, midwives, shamans, and herbalists, in their own homes and in sacred dedicated spaces.

We have attended far less to the training of practitioners from any modality—Ayurveda, Traditional Chinese Medicine, Unani medicine, or cosmopolitan biomedicine—in professionalized, institutional settings. Yet the largest number of healers worldwide are biomedical doctors, nurses, and allied health professionals, trained in Western-style university medical schools and hospitals. In *Becoming Gods: Medical Training in Mexican Hospitals*, Vania Smith-Oka takes us, as readers, to two hospitals in the city of Puebla, southeast of Mexico City, and shows us how senior students of medicine become doctors in this setting.

Doctors become “gods” because they hold life and death in their hands. But the capacity to do this is learned. In Mexico, in their fifth year of training, medical students become hospital interns apprenticed to junior graduate doctors or residents. Sometimes also in the presence of established clinicians and specialists they study the art of clinical practice, and so earn the right to enter a pantheon. In the total

institution of the hospital, on the lowest rungs of an insistent hierarchy, these trainees learn the codes of practice, the technologies and procedures, and the ideologies, attitudes, and values of being a doctor and becoming gods. Armed with the accoutrements of their practice—surgical scrubs, white coats, stethoscopes, and clipboards—they work impossibly long hours. They are sustained by the adrenaline of the excitement of medical emergencies and precarious lives and the challenges of acquiring the embodied hands-on skills of clinical assessment and care. At the same time, they are frustrated and demoralized by hospital bureaucracies and petty record keeping, run-down buildings, staff shortages, stock outages of drugs and other supplies, patient resistance, and the culpability and bullying of those who they are supposed to emulate.

In the shadows of Mexico's political and economic instability, drug violence, and structural vulnerability, trainees learn the habitus of being doctors as these are shaped by structural and social factors, and as complicated within the hospitals by medical hierarchies, race, ethnicity, class, and gender. The latter stands out. Smith-Oka's accounts of intentional, malicious violence against women are shocking: the harassment and victimization of female interns, the everyday sexism, and the physical, verbal, and emotional abuse of and unjustified obstetric interventions on female patients. The promised rewards of being a doctor allow trainees to stay the distance, as they constantly witness injustice, share in its perpetration, and rile against it.

Becoming Gods is provocative and deeply troubling. In Mexico—but also likely worldwide—we train young people to be doctors and to practice medicine without humility, care, or grace for people who are vulnerable and frightened, often desperately ill, and most likely too poor and too powerless to resist. Smith-Oka unfolds this account of doctor-making through rich ethnography and history, sensitivity and insight, and we are left to reflect on the small miracle: that a system of education and training that is often brutal and callous can produce so many doctors who are, despite it, deeply committed to the ethics of care.

BECOMING GODS