AFRICAN MEDICINE: A HIDDEN SYSTEM
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Somehow, at least this year, Wiko found the answer. The problem they solved is this: to do intellectual work on the highest level you must have passion, and you must have a substantial ego. You must say, "The work I am doing is among the most important intellectual tasks before the world at this moment." And yet, among forty people who are all crazed in exactly this same way, you must form a harmonious community. Somehow, by

the end of the year, it felt to me as though nearly every person felt that the intellectual passions of the others enriched her own, his own. Most of us allowed ourselves to be bathed in laughter, and laughter dissolved the egos. Perhaps it happened because the work of others, presented on Tuesdays, (and the comments) proved to be a feast. Maybe it happened because Berlin is endlessly rich: we could wander out into it and see things that jangled the thinking lobes. Maybe it was the fact that Wiko's staff looked out for each person. Certainly it was Kamran, who tended every ego while maintaining his own intellectual passion.

I have been working at Wiko to complete a book on health and medicine in Africa, with a focus on a large region down the eastern half of the continent, one beset by profound health crises. My goal is to challenge paternalistic assumptions: that the only people who can act effectively are those with mastery of scientific knowledge, working through accountable bureaucratic organizations. My aim is not to challenge science, nor to belittle accountability. I would like, however, to open a debate by focusing on health care as it has actually been practiced on the local level. Over the past century, and even today, most of the region's people have not been provided with adequate (or even minimal) science-based health care, and so they have worked to maintain health institutions of their own. They have provided one another with a variety of health care that is, in significant senses, effective, that challenges assumptions among northerners and educated Africans about the causes and treatment of ill health, and that must be a part of solutions to today's problems. My goal is to make the region's actual health institutions visible and comprehensible on global scales so as to suggest the possibility of a different politics of health, one accountable not only to international authorities, but also to the people whose lives are at stake. I have no illusion that an academic book, even if it is successful, can change the world's organization of health. At the least, however, I must try to make a convincing argument about the coherence and efficacy of the de facto system.

On one level, the local practices in question seem very simple and unproblematic. Public authorities do not provide services, and so the patient's family, friends, and neighbors must help. In a world without ambulances, they provide transportation for treatment, whether by carrying the patient for miles on a litter or accompanying her as passengers on a lorry or bus. In most hospital wards, short as they are on nursing staff, it is the patient's informal escort who cooks for and feeds the patient and changes the bedclothes. Hospitals often send out the patient's supporters to find pharmaceuticals or

medical supplies. For the most part, this support network provides the money for a patient's treatment, whether at a hospital or dispensary or with a traditional healer.

The system appears to be ad hoc and unplanned. Beneath the seemingly random surface of improvised actions, however, lie strong regularities that shape the larger patterns of medical care. Even though decision-makers act informally, they have great authority. They define which bodily conditions are to be understood as real illnesses and which as trivial. In just the way that nineteenth-century Europeans shaped the gender landscape with their definitions of hysteria, so these local-level African authorities, by labeling illnesses, define crucial elements of personhood. Patients' webs of associates act in informal ways, and yet they decide who shall be given care and who shall go without. As in any system of health insurance, resources must be drawn from many to support the few, and yet the scope of the supportive group and the basis on which claims are supported or rejected are almost never regulated by law, or even by stable and predictable custom.

So, we have informal actions, undertaken on the level of face-to-face relations, which (despite their dispersed and seemingly anarchic character) define a system of medical care across a huge region, occupied by hundreds of millions of people. My work on the book, beginning before Wiko but continuing here, required me to show, first of all, that these informal actions added up to a system. I needed to show how informal behaviors could come to share the same dynamics, in systematic ways, without any decision or organizational effort from above. My explanation is partly historical, showing the circumstances under which these social forms came to exist. I concluded a range of studies: the first is on a substrate of shared ideas, common across the region, on how social relations are effective in the cause and cure of illness; the second accounts for a crisis of medical legitimacy which has left so large a space for informal authority; and the third on the refusal of public authorities (over the past hundred years) to pay social costs, leaving the burden of care almost entirely to the poor themselves, using whatever forms of organization they might create.

All this work had been completed before I arrived at Wiko. Once I arrived, I shifted my attention to the world of international donors today, and especially to the question why they ignore profoundly important issues of measurement, of meaning, and of efficacy. To get a sense of the problems of measurement, I explored how demographers systematically screen out core relationships of identity that extend laterally beyond the household and why these relationships (which shape the decision-making landscape) are not considered in studies of economic choice. On the issue of meaning, I explored how

religious and moral language, as they touch community and family, are woven through the actions of caregivers. When bureaucrats screen out clusters of relationships and the associated expressive practices, they strip care of its meanings and leave it bare, empty of values and empty of meanings, some of which might be as important to the actors as life itself. Finally, there is the question of efficacy. This additional focus of my readings over the year took in epidemiological evidence showing that richly integrated networks of relationship save lives.

So, I have arrived at the end of the year having written still more pieces of the book, but not having pulled the whole thing together. I have postponed the start of my teaching until January in the hope that I can now do this final phase of the work.

While I was working on my own project, the wider focus group discussed dilemmas of medical practice in Africa today. Here, the problem was that many of medicine's evidence-based practices, and the algorithms produced by medical science, are largely irrelevant if the machines, the drugs, the tests, and the technologies are not available. Our collective question was: how do we understand the regularities in practice, when medicine in the region often departs so radically from the medical standards of northern countries, when African physicians would prefer, themselves, to adhere to international standards, when lesser regionally-specific standards have not been set, and when the very act of creating lower-tier standards is ethically problematic.

One of the joys of the year was watching the members of the group, individually, as they answered these questions in their different ways, while each continued work begun earlier. I also learned, as I would not have in a different context, how the thought of each one was grounded in his or her style of both thinking and being a person. I list these, even though they speak for themselves, because so much of the texture of the year emerged from their interactions. Julie Livingston placed an emphasis on creative improvisation as a medical response to an impossible situation, but then showed also how each improvisation and each practitioner's response was saturated with emotion. Nancy Hunt focused on a sub-region defined, for over a century, by violence so extreme that it tests the capacity of language for the person who wishes to describe it. She works creatively on the luxuriant world of representations. David Kyaddondo took the centrality of social networks in medicine as a given and then showed how each new innovation in medical policy or practice creates profound human dilemmas for patients and for practitioners, so that the medical system does not emerge from the policies, but rather from the actual resolutions of all the dilemmas. Herbert Muyinda applied all of these insights in a special way to the social

responses to disability under extreme conditions. Andrew Farlow and Iruka Okeke both struggled in their own ways with the gap between a universalizing discipline (economics in the one case, biology in the other) and realities of practice that were locally or regionally specific, in profoundly important ways. Wolfgang Holzgreve brought us a physician's insights.

The high point of the group's year was our conference in May. A number of African physicians, Wiko's guests for the conference, presented extended case studies (joined also by important former Fellows and other analysts). These were hybrid cases that interwove biomedical and social dilemmas: crises in the hospital when the patient's medical needs were clear but resources not available (a missing drug, an unavailable test, a patient who cannot pay), and crises in families that manage care. This was a conference without borders, because the lines between physicians and social scientists dissolved in the totally absorbing work of teasing apart each case and in working to find the actual medical system behind the seeming disorder.

All the while, this intellectual work, like the whole of the year's work, unfolded as a way of spending time with friends. What could be better?