

BOOK REVIEWS



KRISTEN SMITH 2022. Medical Tourism and Inequity in India. The Hyper-Commodification of Healthcare.

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KRISTEN SMITH is a senior research fellow at the University of Melbourne, Australia, where she focuses on medical anthropology, health equity, globalization, political economy, development, mobility, and Indigenous studies. Her Ph.D. thesis on medical tourism and health inequity is the result of multi-sited hospital ethnographic fieldwork in the greater Mumbai area between 2009 and 2010. It has been published in the book series “The Anthropology of Tourism: Heritage, Mobility, and Society” (edited by MICHAEL A. DI GIOVINE).

With the example of India, the author draws our attention to the intensive privatization and commodification of healthcare across the globe and related tensions, conflicts, and contradictions. She describes medical tourism as an economic strategy for developing and emerging nations and, at the same time, a provisional remedy for patients facing costs, long waiting periods, or lack of access to medical specialists at home. Her research questions touch upon the implications of this growing industry for health workers, patients, local healthcare structures, and related economies. Further, she also mentions their fragility in the context of the COVID-19 pandemic, even though it remains unclear how far she was able to anthropologically study it over a decade later. She addresses the decrease of charitable public health resources, particularly for the lower social classes, in the context of market-led health policy and explores emerging life-worlds within globalizing biomedical institutions framed by economic patterns of neoliberalism. In this, she does not take the health tourists’ perspectives but those of the hosts, such as institutions, workforce, local population, and transformations within broader social,

political, and economic processes and structures. Again, she also refers to developments after her field research such as under India’s Prime Minister Narendra Modi (since 2014). Her account becomes an illustration of inequalities in India (and the world) between privileged “haves” and brutally dehumanized “have nots” and, therefore, an essential contribution to Critical Medical Anthropology. On the other hand, the author also explores aesthetic aspects in describing hotel-like clinics with their fresh and calm atmosphere in opposition to the hot, damp, dusty outside, with facilities such as shopping malls, residential houses, cinemas, restaurants, and a general city-planning that with its cosmopolitan lifestyle differs so much from “general” Mumbai’s urban reality and sick-making slums.

Apart from her introduction and conclusion, KRISTEN SMITH introduces us to this environment in six interrelated chapters. Chapter 1 (First World Treatment at Third World Prices) locates medical tourism in capitalist circuits of production and consumption, engaging with issues of agency, power, equity, and development processes. Chapter 2 (Medical Tourism and the Hyper-commodification of Healthcare) explores India’s 20th-century healthcare shifts away from Indigenous therapies toward biomedicine and hyper-commodification, which left a vast majority of the population excluded from health resources. Chapter 3 (The Intersections of Tourism and Health: The Marketization of Medical Tourism) then turns to different actors engaging in medical tourism, from local hospitals to international travel agencies to global stakeholders such as multilateral institutions and multinational cor-

porations. It addresses national efforts and those of private hospitals in Mumbai, tapping into a nascent medical tourism supply chain attaching itself to broader tourism supply chains including their “affective branding” and digital marketing. It is here that some pull-triggers for the actual patients also become visible.

Chapter 4 (Places in Peril: Medical Tourism and the Transitioning of Trust), however, draws our attention back to local disruptions in the delivery of healthcare services to the resident population, particularly at initially charitable so-called Trust hospitals that, due to their precarious economic situation are forced to compete with private clinics without any transparent state funding and control policy. Hospitals, originally belonging to a not-for-profit sector, become sites of investment and structural violence against citizens. Chapter 5 (Mobility, Identity, and the Global Imaginary: The Worlding of Healthcare Workforce) illustrates the impacts on health workers trapped between exploitation and career, medical ethos, and corruption in a medical system where tourists may become cash cows and stirrup holders. Chapter 6 (The Structural Violence of Medical Tourism: Gated Enclaves and Health Exclusion) summarizes the negative aspects of observed medical tourism practices:

Medical tourism is aligned with increasing flows of geographic and economic mobility for some and is directly connected to the immobility of others. It supports and reinforces barriers to a wide range of goods and services for local host populations, contributing to the deterioration of health equity in the nation. (137)

Of course, health inequity links to broader inequalities such as economic, geographic, or social stratification, but, as KRISTEN SMITH clearly points out, medical tourism is not just an effect of but also causes increasing healthcare inequalities in microcosms of social exclusion and exclusivity. Like in CALDEIRA’s (2000) reflection on São Paulo/Brazil as the “City of Walls,” she detects barriers to protect the rich and keep out the poor. The devastating effect of ongoing privatization and commodification of the healthcare sector is, according to her, that medical tourism does bring more money but also raises prices. In her conclusion, she, therefore, correctly asks:

[...] will the ‘world class’ technocratic quality improvements underway in the elite private hospitals in developing contexts such as India translate to long-term changes that will eventually permeate the entire healthcare sector? If so, at what cost? (161)

As a reviewer, I have not much to add besides my gratitude for such a clear-cut analysis of contemporary frightening developments in global healthcare and that we have to further observe these developments. However, we should also be aware of other forms of medical tourism the author mentions but does not further explore. There are examples of medical tourism serving to escape the grip of capitalist biomedicine, and it would be interesting to see if they could not be a way to strengthen local health practices.

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Reference

CALDEIRA, TERESA P.R. 2002. *City of Walls. Crime Segregation, and Citizenship in São Paulo*. University of California Press.