

F2. Medical Networks: Patients, Publics, and Markets from the Cold War to Neoliberalism

F2:1 Eram Alam, *In Search of Care: Scenes from the US/Mexico Border*

Medical tourism, or medical travel, is a booming industry estimated at 500 billion dollars annually. Unlike previous iterations of this phenomenon whereby wealthy individuals from lower income countries traveled to rich countries for state-of-the-art care, a significant portion of the flow consists of those from higher income countries traveling to lower income countries for routine procedures. Given the high cost of healthcare in the United States, Americans comprise a significant portion of this global flow and Mexico has become a frequently visited destination. In this paper, I focus on the US/Mexico border to explore the paradoxes of care that traverse this space. Politically, this space is charged, fueling xenophobic rhetoric and violence at unprecedented scales aimed at preventing movement into the United States. However, movement of US citizens in the other direction, especially for medical care, is seamless in comparison. In contrasting these realities, I ask: How does risk move and how is it translated across borders? What supranational entities have emerged to coordinate these logistical movements and care regimes? And what kinds of sociality and contingent forms of care emerge in these transnational contexts? By tracing these contemporary networks of expertise, patients, and markets, this paper reveals how historic patterns of medical exchange and hierarchy are being reconfigured through neoliberal practices at the border. Care across this contested space challenges familiar narratives of dependency and innovation, offering new insight into the evolving landscape of transnational medical networks today.

Learning Outcomes

- Critically appraise clinical management from a historical perspective
- Develop an historically informed sensitivity to the diversity of patients (including appreciation of class, gender, socio-economic status, ethnicity, cultural, spiritual orientations)
- Acquire a historically nuanced understanding of the organization of the U.S. healthcare system, and of other national health care systems
- Respond to changes in medical practice guided by a historically informed concept of professional responsibility and patient advocacy

F2:2 Claire Edington, *Comparing trajectories of drug addiction treatment between North and South Vietnam, 1955-1975*

Following the end of the First Indochina War, newly formed governments in North and South Vietnam set out to forcibly detox and rehabilitate drug “addicts” as experts and bureaucrats circulated globally, bringing new ideas and strategies for drug treatment back home. Propaganda campaigns in both North and South warned about the dangers of drugs while addicts received experimental detoxification treatments in state-run rehabilitation centers. In North Vietnam, these treatments, derived in part from indigenous pharmacopeia, also bore the mark of collaborations with Soviet scientists. This paper will retrace the multiple and, at times, overlapping networks of international health experts that tied North and South Vietnam to their Asian and Pacific neighbors, Western European and North American powers, as well as the former Soviet Union. The idea is to pursue a kind of natural case study, to chart different trajectories of drug treatment in both North and South produced out of these regional and inter-regional connections. It asks how drug addiction came to be mobilized as a powerful political and ideological resource and how policies generated in collaboration with experts both inside and outside Vietnam were experienced, evaded and even creatively re-interpreted by addicts themselves.

An important goal of this project is to think outside the more familiar frames of nationalism or communism, which dominate the historiography of Vietnam. While this story is fundamentally shaped by the violence of decolonization and the global Cold War, it is not reducible to these conflicts either. Instead, this paper will argue that there were many different Vietnams across the twentieth century, and their shifting and leaky borders powerfully shaped the dynamics of drug use and the biopolitics of addiction and its treatment. The paper will end with a reflection on the way this history helps us to understand current approaches to drug use in the country today, where the HIV/AIDS epidemic remains primarily injection drug-use driven.

Learning Outcomes

- To describe different approaches to drug addiction and its treatment in both North and South Vietnam during the Cold War period
- To examine specifically the role of international scientific expert networks in shaping domestic knowledge production, forms of technical aid and policymaking;
- To consider the afterlife of this story following the reunification of Vietnam and the way these different trajectories of drug treatment became knit together in the era of HIV/AIDS.

F2:3 Kavita Sivaramakrishnan, *From Russia, with Love: The Promise of Indo-Soviet Medical Cooperation and Assistance in Postcolonial India*

This paper will focus on post-colonial, Cold War networks and exchanges in medicine and science between Indian doctors and scientists in the Soviet Union. Most histories have analyzed these medical networks and aid through the lens of geopolitical competition and development assistance. Through the work of Dr. A.V. Baliga, a famous Bombay surgeon and founder of the Indo-Soviet cultural society (ISCUS), this paper will trace the rhetoric, reports and propaganda that circulated amongst the public through press reports and exchange programs. Medical delegations and study tours traveled enthusiastically to Soviet cities such as Moscow, Leningrad, Sochi and Tashkent; and Soviet surgeons and scientists visited India to offer expertise and materials for disease eradication programs and drug manufacture. By analyzing these exchanges and delegations both in the Soviet Union and across cities in India, this paper will explore the circulation of ideas and the shifting goals of medical networks, especially how Soviet experiments and breakthroughs were projected to an Indian audience. A central purpose of this paper is to trace the tenuous politics of Socialist medicine and health, that was represented as a “new civilization” and its healthy citizens and families were a model, and foil to American, western modernity in the so-called Third World in Asia and Africa. These ‘self-reliant’ futures that imagined an egalitarian Soviet socialism in India, were discussed and dreamed about in films, writing, and pamphlets, and there is a rich and unexplored archive of private papers, magazines, reports and biographies that offer cross cutting perspectives. They help us understand networks of public communication around medical and scientific propaganda, and had a fall out far after the Cold War in understanding how experts tried to shape public and citizen imaginaries.

Learning Outcomes

- Recognize the relationship between medical professionals and society
- Understand the dynamic history of medical networks and ideas and practices
- Identify successes and failures in the history of medical professionalism