

## Care in Translation: Care-ful Research in Medical Settings

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**Abstract** This special issue aims to investigate the possibilities that spring from treating “care” as a practice and a moral-political orientation, through ethnographies and case studies related to medical settings across Asia. It pays attention to who and what is involved in care, and to historical and recent developments that feed into what forms of care are available and how they materialize and are negotiated on the ground. It is also concerned with who or what is produced from specific translations of care: what kind of patient, what kind of action, what sense of place and possibility. Finally, it treats the dilemmas and sense making of researchers regarding the question of *how* to care as parallel to those of informants or participants, be they patients, medical staff, family members, policymakers, scientists, engineers, activists and/or others. This “view from Asia” contributes to recent work in STS, anthropology, and feminist studies that in various ways treats care as practice and orientation, namely by adding a set of situated possibilities for understanding/doing care, place, and scholarly contribution.

**Keywords** care · care practices · medical encounters · translation · relationality

The articles in this special issue highlight the relationalities and specificities of care in health care settings across Asia. The authors present a variety of ways to locate and interrogate care, and make themselves accountable to the situations in which they

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**Acknowledgments** This special issue has its origins in a workshop titled “Framing Technology and Care in Asian Contexts” that took place on 18 and 19 May 2017 at the Asia Research Institute (ARI) of the National University of Singapore. We thank Gregory Clancey, Jonathan Rigg, and the ARI staff for supporting that workshop, and the multidisciplinary group of participants for their insightful contributions and generous engagement. Three EASTS reviewers helped sharpen the special issue’s focus, and we are grateful to Wen-Hua Kuo, Yen K, and Yi-Tien Hsu for essential support throughout its development.

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engage: the way medical imaging technologies in Cambodia are entangled in relations of repair; the dynamics of data-making and policy-making regarding assisted reproductive technology in Japan, South Korea, and Taiwan; the rhythms and dimensions of Bangladeshi patients' quest for "better care" abroad; the negotiations of "care" in methadone-based treatment for heroin addiction in China; the interventions in atypically sexed bodies in India; and the dilemmas of interventionist childbirth in Taiwan.

This special issue joins the recent surge of scholarship in STS, anthropology, and feminist studies that attends to care as both *practice* and *moral-political orientation*, combining, in one form or another, (1) the localizable, materialized, distributed "doings" of looking after someone or something, and (2) the values, investments, and tensions regarding sustaining life and sociality produced and encountered in such doings.<sup>1</sup> Indeed, "care" is generative precisely because of the way the term plays in and moves across multiple planes. In everyday care situations, care is oriented descriptively as well as normatively, with attention for the "what" (care work and what sustains it) as well as the "how" (what constitutes "good care," for whom, and by whom). Care also invites a reflexive dimension to the work of social scientists: it can be an empirical topic whose intricacies we trace as well as a theoretical/methodological orientation to scholarship, prompting the question of how to engage and write in care-ful ways. The "what" and the "how" of care are matters of interest to both informants and researchers in overlapping and potentially mutually consequential ways.<sup>2</sup> Care is good to think with because it invites keeping these multiple planes in view and finding ways to integrate or connect them. This creates a variety of possibilities for ethnographic and case study research in and from Asia, some of which are presented in the articles in this special issue.

The cover image, a painting by the Malaysian artist Chia Yu Chian (1936–1990), provides another way to introduce this collection of articles.<sup>3</sup> *By Appointment* is part of more than thirty works that constitute Chia's *Hospital* series. He painted it in 1980 after a one-month stay as a patient at what is now the Universiti Malaya Medical Centre. Chia was admitted with a bleeding stomach ulcer, and then began to wander around the hospital with his sketchpad as soon as he felt better. Once discharged, he turned many of his sketches into paintings, adding scenes from the everyday realities of patients and hospital staff to an oeuvre in which slice-of-life moments and instances of social drama featured centrally.

Bridget Tracy Tan (2009), a director at the Nanyang Academy of Fine Arts, has described the *Hospital* series as "a lucid combination of daily observations as well as acute sensitivities to the eventfulness that connote the experience of being in and visiting a hospital." *By Appointment* combines everydayness and eventfulness by showing in vivid colors a multitude of people and artifacts around a reception counter: we see the doctors' duty roster, some filing cabinets, and a poster with the words "Quiet

<sup>1</sup> Much recent work in (feminist) STS and anthropology can be read as combining an attention to care practices and care values or the moral and political economies of care – this is just a broad way of signaling that. See our rough map in the next section for different varieties of this in the literature.

<sup>2</sup> "Care" thus holds similar potential as other terms that have both empirical and methodological purchase. See, in particular, recent work on "comparison" as a topic and methodological resource (Mohácsi and Morita 2013; Gad and Jensen 2016a, 2016b; other contributions in Deville, Guggenheim, and Hrdličková 2016). Lutz (2016) works with "transnational comparisons" and "care" in this dual manner.

<sup>3</sup> This paragraph is based on information shared with us by the team in charge of the estate of Chia Yu Chian.

Please.” The painting provides a window into medical care in 1980s Malaysia, broadening the perspective from doctor-patient interactions (which Chia also painted as part of his series) to a view of what is folded into “care” as it materializes in the spatially and temporally located here and now. By portraying a group of nurses facing and serving a crowd, the painting also speaks to the way care work is gendered, and more indirectly, to how interactions in medical settings engender expectations and valuations of care. Finally, *By Appointment* and other works in Chia’s Hospital Series draw attention to the question of who is looking and from which perspective. The artist does that, according to Tan (2009), by “giving us just enough information in his compositions to figure out the context of the goings-on, but also managing to maintain a sense of the confidential. . . .”

Like Chia in his painting, the contributions to this special issue combine everydayness with eventfulness. The stakes of repairing equipment, collecting data, evaluating care options, and negotiating the best treatment are made visible in accounts of ordinary and extraordinary moments in which medical care is prepared, provided, and/or received. Equally, these contributions are concerned with care as a relational assemblage made up of human and nonhuman elements, and they present scenes, stories, perspectives, and artifacts that contain and evoke a sense of place and history consequential to care. The uneven use of, and access to, medical technologies within and across countries in Asia plays a part – as do the political-economic features of health care systems, gender relations, the ongoing calibration of nation states in an interconnected world, advances in medical possibilities and best-practice standards, patient advocacy, privatization, travel, and other transformations constantly afoot. Finally, these contributions, like Chia’s painting, thematize in various ways the researcher’s perspectives, framing, and participation in the life worlds they care for.

## 1 Translating into and out from Care

Most of the papers in this issue were first presented at a workshop in May 2017 called “Framing Technology and Care in Asian Contexts” at the Asia Research Institute of the National University of Singapore. In our call for papers, we invited participants to join a collective examination of “the challenges, delights, and rewards of studying the relationship between technology and care (specifically medical and health-related care) in Asia.” We phrased it that way because we wanted to encourage methodological and reflexive attention to the craft of framing and telling stories of care.

Scholars from different disciplines—STS, anthropology, sociology, history, medical ethics and feminist studies—came to the workshop and, to an extent, found common ground. We have come to appreciate this as one of the great strengths of “care” as a focus: it is capacious enough to hold together a conversation among people who come from different traditions of scholarship; have been trained in different parts of the world; have different levels of experience, seniority, and facility with the English language; and write and present according to different disciplinary conventions. What held our conversation together was not a shared theoretical agenda, but an interest in what comes together and is produced in medical encounters of different kinds in different parts of Asia. Other than the papers included in this issue, Carlo Caduff (2018), Eunjeong Ma (2017), Jungen Koimizu (Koimizu, Kokado, and Kato 2018), Zohar Lederman (2019),

Pankaj Sekhsaria (2017), Harry Wu (2017), and Shirley Sun (2017) have also been part of that conversation. When we decided to proceed with a special issue project that would draw on STS, anthropology, and feminist studies to foreground translations of care, an additional paper by Chaoxiong Zhang and Priscilla Song on methadone replacement therapy in China was added.

Several recent commentators, influenced by feminist thought, have linked care to a relational ethos of scholarship that has consequences for how we engage with the beings and things we encounter in our field sites. A care-ful way of proceeding might be one of “listening and responding,” or “learning to be affected” by what we encounter, but also involves insisting on what we bring to attention and owning up to the attachments and “views from somewhere” from which we engage (Atkinson-Graham et al. 2015: 741).<sup>4</sup> The process and collective work of scoping, editing, reviewing, and revising that resulted in this special issue has been like that for us. We were initially keen on creating theoretical convergence between the articles and curious how authors might locate, modify, or critique, for example, what Annemarie Mol (2008) has called “the logic of care” in and for medical settings across Asia.<sup>5</sup> However, listening and responding to how, in each case, the authors themselves translated care and saw care in translation, made us realize the multiple possibilities for studies of medical settings in Asia this frame provides. Translation can be in various ways concerned with tracing movement and finding points of comparison, friction, or otherness from which new understandings may emerge. In the end we did not insist that authors engage with “logics of care,” nor that they compare different terms for “care” and their connotations across Asian languages, or examine the directionality of care-in-translation informed by a postcolonial sensibility – to name just a few possibilities.<sup>6</sup> What we did insist on was that authors, in some way, traverse the planes between the localizable, materialized, and distributed practices of care, and the moral-political orientations produced and encountered in such practices. This made the theoretical agenda rather broad but allowed us to stay with the generativity and capaciousness of “care” in curating care scholarship in Asian settings and to learn from its agendas and its stories. We cared for these stories and their telling, first and foremost. We wanted this telling to be informed by the authors’ own felt sense of care. During the workshop and the editing process, we got glimpses of this when we witnessed Karen McNamara impacted by her fieldwork experiences with a Bangladeshi family, Chen-I Kuan in a bind over whose side to be on, Mathangi Krishnamurthy insisting on the excess of the body, Chia-Ling Wu excited to enroll two colleagues in a multicountry study, Jenna Grant making the writing process itself an integral part of her argument, and Priscilla Song seeing the fit between care-in-translation and the fieldwork on methadone replacement therapy in China done by her co-author Chaoxiong Zhang.

<sup>4</sup> See also, among others, Haraway (2008); Martin, Myers, and Viseu (2015); Puig de la Bellacasa (2011, 2017); Jerak-Zuiderent (2019); Lopez-Gomez (2019); and Ramirez-i-Ollé (2019).

<sup>5</sup> Interestingly, the making of this special issue also coincided with the translation of *The Logic of Care* (itself translated and adapted from the Dutch) into Mandarin by Chia-Ling Wu and colleagues.

<sup>6</sup> The proposal to make explicit comparison between “care” terms comes from Elana Buch (2015: 279), as a way to determine “whether care stands as a generative comparative concept or instead carries too much specific cultural freight to move across contexts.” The work of John Law and Wen-yuan Lin (2017; also Lin and Law 2014) on a possible shi (勢)-inflected STS, even though it is concerned with knowing rather than care, shows ways to experiment with the direction and nature of translation.

To show the contributions in a collective frame, we will provide a rough map, based on recent work on care, to the various ways care lends itself to dual engagement as both a practice and a moral-political orientation.<sup>7</sup>

The work of [Annemarie Mol](#) (2002, 2008; also [Mol, Moser, and Pols 2010](#)) on care, health care, and bodies has been influential in various circles of STS and anthropology and provides a first point for our map. In the European STS empirical philosophy tradition this work represents, care is translated from practice into theory. Care practices and the tinkering that is integral to them are positioned as in need of language and recognition; they are pervasive but also under articulated, and sometimes, in the quest to rationalize or streamline health care services, made wrong: “If care practices are not carefully attended to, there is a risk that they will be eroded” ([Mol et al. 2010: 7](#)). So the job of the researcher is both “describing practices to do with care” and “wondering what care *is*” (2010:7). Storytelling is a central component of this approach, as is the *juxtaposition* of stories in which care, and the values and objects produced in care encounters can be compared and contrasted. This serves to inform care policy and management, and also to nuance or investigate concepts such as “choice,” “safety,” “agency,” and “accountability,” and to question theoretical assumptions.<sup>8</sup> It is a hopeful though not idealistic approach, foregrounding local solutions and people doing their best and carrying on, without the prospect of getting it “right” ([Mol et al. 2010: 14](#)). Good care is tentatively defined as “persistent tinkering in a world full of complex ambivalence and shifting tensions” ([Mol et al. 2010: 14](#)).

All the articles in this special issue pay attention to care in practice, thereby foregrounding local solutions as well as tensions in how care takes place on the ground. For some, telling multiple care stories is at the heart of the contribution and becomes a way to articulate important stakes. In Jenna Grant’s article, multiple stories of care for, through, and in spite of x-ray machines in Cambodia are mobilized to unsettle singular understandings of repair as a positive (or negative) aspect of life in developing countries, and to unsettle singular notions of Cambodian health care as characterized by lack. In Mathangi Krishnamurthy’s article on how a congenital disorder of sexual development is diagnosed and communicated to patients’ families in India, multiple and contingent enactments of the patient’s body nuance the view that care for such bodies is best achieved by treating them as intersex. In both cases, what is learnt from care in practice is translated into matters of theoretical and moral-political importance to the researcher and the situation at hand.

A second point on our rough map is provided by the “polysemic understanding of care as simultaneously resource and relational practice” advocated by the anthropologist [Elana Buch](#) (2015: 277; also [Buch 2014](#)). Here the practices that sustain “the most intimate aspects of daily life” remain important, but at the same time attention is drawn to the moral and political economies through which care, as a scarce resource, circulates. Such economies are constituted by, among others, intergenerational dynamics of obligation and kinship, the social distribution of care work, and shifts such as ageing

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<sup>7</sup> We thank Else Vogel for sharing with us her outline of different ways that care has been conceived in recent STS literature, which influenced the rough map we provide here.

<sup>8</sup> See [Mol \(2008\)](#) on choice; [López et al. \(2010\)](#) on safety; [Vogel \(2018\)](#) on agency; [Jerak-Zuiderent \(2015\)](#) on accountability, and [López-Gómez \(2019\)](#) on agnosticism as a methodological principle in actor-network theory.

populations and the rise of chronic conditions, the distribution between state-care and private sector care, migration and labor policies and trends, and transnational medical tourism. [Buch \(2014\)](#) highlights anthropological work that engages culturally specific and embodied understandings of care and what these mean for how care is practiced (for Asian examples, see [Van Hollen 2017](#) on cancer care in South India, and [Aulino 2016](#) on rituals of care related to Thai Buddhism). She also highlights anthropological work concerned with issues of power and care in relation to neoliberal globalization and the ensuing structural changes. This research has focused on biopolitical regimes of care that are used by the state and humanitarian organizations as forms of power and domination over individuals. For example, in Asian countries, such work has engaged the biopolitics of care provision by the state and beyond ([Borovoy and Zhang 2017](#); [Zhang and Yeung 2012](#); [Zhu et al. 2017](#)), medical travel and shifting geographies of care ([Chee, Whittaker, and Yeoh 2017](#)), eldercare in relation to transnational migration ([Huang, Yeoh, and Toyota 2012](#)), and care for placental stem cells in a Korean laboratory ([Lee 2016](#)). While some scholars may emphasize relational practices more and others the resourcing of care, [Buch \(2015: 279\)](#) argues for an integrative approach: “Simultaneously considering the ways care is practiced and the paths by which it circulates enables analysis that neither romanticizes care as separate from political economy nor reduces care to power altogether.”

All the articles in this special issue are in some way concerned with the resourcing and governance of care in Asian health care settings. For some, elaborating the intersection of care practices with moral and political economies is at the heart of their contribution. In [Chaoxiong Zhang and Priscilla Song’s](#) article about China’s state-run methadone maintenance treatment program, we follow a state-mandated moral obligation to “care” for drug users into its various permutations and tensions as it is put into practice in the province of Yunnan. In [Karen McNamara’s](#) article, we see how the national and transnational economies of care that compel Bangladeshi patients to go in search of better care abroad reverberate in the actions and decision making practices of one family. In both cases, there is creativity and hope as well as frustration and despair in the way people translate circumstances not of their own making into care-full arrangements and relationalities that are workable, even if they are highly problematic at the same time.

A third point of our rough map brings feminist and postcolonial ethics and sensibilities to the forefront of analyses of care. While these have a long history, we will discuss them through the recent work in STS by [María Puig de la Bellacasa](#) on “matters of care” ([2011, 2017](#)) and the special issue of *Social Studies of Science* edited by [Aryn Martin, Natasha Myers, and Ana Viseu \(2015\)](#) on the politics of care in technoscience. Care in practice, again, remains important; indeed, [Puig de la Bellacasa \(2017:5\)](#) advocates a treatment of care in three dimensions “as a concrete work of maintenance, with ethical and affective implications, and as a vital politics in interdependent worlds.” At the same time, this type of scholarship foregrounds the researcher’s stance and involvement in a politics of knowing that pays explicit attention for the exclusions and power asymmetries reproduced in and through care. Proponents of feminist and postcolonial STS have argued for the continuing importance of critique and criticism, in order to, in the words of [Michelle Murphy \(2015: 717\)](#), “disturb hegemonic histories and arrangements of race, colonialism, and political economy, while simultaneously valuing divergent multi-local itineraries as relevant to technoscientific matters of care.” [Puig de la Bellacasa](#)

(2017: 56) adds that “the meaning of care for knowledge producers might involve a modest attempt for sharing the burden of stratified worlds.” A moral-political orientation thus grounds the study of care in practice. Martin and colleagues (2015: 626) describe this as “mov[ing] back and forth between two layers of care: that which we, as STS scholars, teachers and feminists enact in our relations with the worlds we study, and that which circulates among the actors in the technoscientific worlds we encounter through our studies.”

Several of the articles in this special issue are informed by feminist and/or postcolonial sensibilities. For some, offering a nuanced critique that is informed by analyses of care in practice *and* by a clear stance for otherwise neglected relationalities of care is the heart of their contribution. Chia-Ling Wu, Jung-Ok Ha, and Azumi Tsuge show how the organizational work of collecting and reporting in vitro fertilization (IVF) data in Japan, Taiwan, and South Korea produces outcomes that are not in the best interests of women and newborns in the latter two countries. Chen-I Kuan shows how obstetricians and women in Taiwan are locked into an interventionist birth care system produced by the marginalization of midwives that makes alternative choices difficult to make and sustain. In both cases, showing the practical entanglements that constitute care allows the authors to highlight both the challenges and possible ways to address these problematic situations going forward.

This map is rough and the boundaries between the three points we have indicated are blurry. Nonetheless, we have offered it as a way of locating the different possibilities indicated in this special issue that spring from treating “care” as a practice and a moral-political orientation in ethnographies and case studies related to medical settings across Asia. Whether this moral-political dimension is explored through (1) a particular way of mobilizing practice-stories to speak to theory; (2) the linking of relational care practices with the moral and political economies in which care circulates; or (3) combining a stance for better care with tracing how undesirable consequences are produced on the ground, in each case there is a traversing of planes between the values, investments, and tensions regarding sustaining life and sociality and the localizable, materialized, and distributed “doings” of care.

The articles in this special issue teach us about care in Asia through such translations. They also teach us about the “freight” carried by care terms. The Chinese expression *guān’ài* 关爱 (loving care) discussed in Zhang and Song’s article is state rhetoric, while the Khmer phrase *aht yok chett tuk dak* (this is not good care) in Grant’s article and the Bengali term *bebohar* (the behavior, communication, and attitudes of care staff) in McNamara’s convey particular histories and socio-cultural circumstances. Moreover, the articles contribute understandings of care in Asia through their articulations of what specific translations of care produce. This involves how specific patients come into being: heroin users in China are produced in and through the state-run methadone program as rightful but precarious subjects of care, while gendered subjectivities are made in the tradeoffs of care, survival, and well-being between the present and the future for persons with congenital adrenal hyperplasia (CAH) in India. It also involves the (re)making of place: emotional and financial investments in “better” care abroad (re)produce medical imaginaries and disparities that mark Bangladesh and Singapore, while the multiple histories and valences of repair produce Cambodia as a complex field of medical care. It further involves the production of (im)possibilities, as historical obdurances of data infrastructures, socio-technical imaginaries, and labor policies meet

the search for new alliances and forms of activism to improve care for assisted reproduction and birthing in Taiwan, Japan, and South Korea.

In summary, this special issue presents research that traces and adds to translations of care in and from Asian vantage points but that does not follow one theoretical agenda or methodological approach as it amalgamates attention to techno-scientific mediations, situational ways of sense-making, political economies, historical trajectories, and public imaginaries with ways to tell new stories and craft different conversations about the possibilities and tensions of care. By doing so, these authors are interested in articulating ideals of care, invisible and unrecognized forms of care, and also the binds, the suffering and unintended consequences produced in the name of care. Scholarly agendas, as well as empirical tracings of care, are situated for some in forms of activism that seek to engage with local (science, technology, and medicine-related) policy-making and governance, and for others in nuancing stereotypical and disempowering understandings about what is going on, and what might count as good “care” in the varied cultural, political, and economic settings of East, South East, and South Asia.

## 2 Detailed Overview of the Special Issue

Drawing on long-term research on medical imaging in Cambodia, Jenna Grant’s article “Repair in Translation” is composed of multiple stories of care for, through, and in spite of machines in diagnostic practice. In one story situated in 1975, a radiologist’s life depends on his repair of an x-ray machine for the doctors of the revolution. In another story situated in 2014, a foreign engineer employed by a nongovernmental organization repairs an old x-ray machine to help resource this developing country. A third story puts the skills of doctors center stage and asks if machine-based diagnoses hinder their ability to care for people in Cambodia.

“Care” here is discussed as partly, though not wholly, overlapping with repair: care for and with machines mediates health care for people in complex ways. Grant is interested in how actors (radiologists, technicians) translate their encounters with machines-for-care into ways of making sense and carrying on. Any translation, she shows, always “involves an other, a foreign place, or public, or time.” It is precisely because of this that her own strategy of juxtaposing care stories is powerful in conveying repair’s and care’s multiplicity and their multiple valences.

“Repair” is the mundane and creative work of keeping things going in a broken world. At the same time, Grant cautions, this not the only way repair helps make and shape health care in Cambodia:

Repair is not always a choice among other strategies, a moral good, or an affective response to objects. It may be compelled by higher authorities. . . . It may come as a neocolonial relation of health-related development . . . . Repair may shine so much light on the laborer, the object, or the human-object relation, that the question, “Should the technology even be there?” recedes.

In this way of nuancing “broken world thinking” in STS (Jackson 2013), Grant also connects to questions within debates about “Asia as method” and postcolonial STS by foregrounding Cambodia itself as a theoretical contribution rather than a “context” in which events, practices, and sense-making takes place. Attempts to understand

sociotechnical life, she argues, are not best served by generalizations about the “post-colonial” or “Asia,” or “developing countries.” Care-ful research takes the form of developing sensitivity and critique around ways of talking about, and relating to, what is here and what is missing, who or what is the “foreign” and who or what is “our own.”

In “Data Reporting as Care Infrastructure: Assembling ART Registries in Japan, Taiwan, and South Korea,” Chia-Ling Wu, Jung-Ok Ha, and Azumi Tsuge offer a comparative study of assisted reproductive technology governance in Japan, Taiwan, and South Korea. The authors combine a sensitivity to the historical and situational production of national-level data on IVF with a normative stance against the continuation of procedures such as multiple embryo transfer that jeopardize the health of women and their newborns. They grapple with the question of what a care-oriented governance of women’s health risks might look like, and what translations social scientists can offer.

“Care” here is what gets shaped and delivered through sociotechnical infrastructures. The work of data collection and reporting potentially facilitates community building, which can support negotiation over desired outcomes and policy making in the direction of responsible IVF practices. Whether or not this actually works depends on many things, including the way sociotechnical imaginaries of IVF inform regulation, the role of the state versus the medical community in organizing data collection, and the channels and formats of overall data reporting.

Like Grant, Wu and her colleagues invite understanding by juxtaposing three different stories—here the stories of the history, strengths, and weaknesses of national reporting systems related to assisted reproductive technologies (ARTs) in three East Asian countries. Their intention, however, is not to nuance and unsettle familiar ways of seeing/thinking, but to *compare* according to a common framework. As feminist researchers and long-term activists for better reproductive health care in their countries, they are not shy to assert that Japan has a better “care infrastructure” than Taiwan and South Korea—of course, the real gift of their analysis being the detail of why and how that is so. The three-country comparison allows the authors to pinpoint what is conducive to the collection and mobilization of information for better health outcomes, and where the gaps are that keep in place problematic practices of multiple embryo transfer.

Following the articulation of [María Puig de la Bellacasa \(2017: 5\)](#) of “[c]are as a concrete work of maintenance, with ethical and affective implications, and as a vital politics in interdependent worlds,” Wu and her colleagues place themselves among the actors they call on to translate registry data into better ART health care. Care-ful research here consists of nuanced description and comparison that acknowledges its own values and politics in insisting on, and pointing the way towards, better care.

Karen McNamara’s article “Rhythms of Care: Medical Travels Beyond the Borders of Bangladesh” examines the experiences of Bangladeshi patients and their families as they travel within Asia for medical care. The story of one family that McNamara was able to follow over several years provides the heart of the article. The multiple trips to Singapore undertaken by Rashida, a cancer patient, and her two children is the microcosm through which we learn of the pushes and pulls that propel medical travel despite setbacks, disappointments, and high emotional and financial costs.

McNamara follows [Beth Kangas \(2010: 357\)](#) in articulating the “ways that ‘care’ takes on new meanings and obligations in today’s interconnected world when

consciences cannot settle for what is available locally.” “Care” is where filial love and duty—securing the best treatment for Mother—meets transnational political economies of health care and of hope. “Care,” too, is both an everyday practice—arranging for travel, talking to doctors and making decisions, organizing finances and keeping Rashida as comfortable as possible is nearly a fulltime occupation for her children—and a set of ideals and expectations regarding the service (*bebohar*) and quality of treatment (*shebar maan*) that should manifest in return for all these sacrifices.

By telling a single story whose course she also shaped by acting as an interpreter and translator between Bengali and English during the family’s visits to Singapore, McNamara draws attention to the affective qualities of patients’ experience of medical travel. In considerable numbers, middle-class Bangladeshi families such as Rashida’s get drawn into “rhythms of care” that propel medical travel, drawing ongoing investments of time, energy, emotional resources, and money in the hope that the next visit will be better and that there is still a treatment that will help. In articulating the workings of such rhythms, McNamara takes a stance against the suffering engendered by what many patients embark on as a hopeful adventure. By focusing on what patients and their families are doing and what it is doing for them to keep travelling, she also keeps alive the ambivalence of what “good care” looks like: “That these are *good* children who stopped at nothing to honor and care for their mother is beyond any doubt, yet who is really served by the rhythms that governed this family for years and will likely reverberate for years to come is another question altogether.”

In the article “Translating Guan’ài in the People’s War on Drugs: Enacting Relations of Care in China’s State-Run Methadone Maintenance Treatment Program,” Chaoyong Zhang and Priscilla Song examine how care is translated through the politicized discourse of *guān’ài* 关爱 (literally care and love). Their ethnographic analysis focuses on how drug users in the Yunnan province are constituted as subjects of care in China’s state-run methadone maintenance treatment (MMT) program, and how stakeholders in this program translate the political rhetoric of *guān’ài* in their everyday enactments. The Chinese expression *guān’ài* 关爱 is often translated into English simply as “care.” But they argue that the English gloss of care does not account for the political meanings and discourses embedded in the word. Chinese state discourse uses the term to refer to the care offered to groups of marginal people as a way to target and construct their social positions as inferior. Therefore the use of the term *guān’ài* by the state marks contested power relationships between the public, the state, medical staff, and drug users.

Drawing from Buch (2015), Zhang and Song understand care to be both a resource and a relational practice and question how “care-ful ideologies and care-ing relations have transformed Chinese drug users from highly stigmatized social threats into legitimate targets of state care.” They show how the state rhetoric of *guān’ài* involves a multiplicity in terms of what constitutes the state and how this rhetoric is translated into various workable practices and relationships on the ground. These translations shape the possibilities and limits of conceiving of drug users as recipients of care and the relationships through which such care is given. *Guān’ài* makes this possible but also comes with contradictions and unintended consequences. For example, clinic staff members are caught between providing care for drug users in the form of caring relations and their state-mandated target of providing care for a certain number of drug users each month, resulting in a shift to a more professionalized attitude. The authors explain how

methadone recipients respond to this shift by taking the moral high ground to critique the staff for “feeding off” of the drug users for their own livelihood.

Zhang, who did the ethnographic fieldwork on which the article draws, was able to locate some of the dimensions of the MMT program in the strong disapproval she received from locals who were curious about her presence and asked about her research. Questioning her morality, these locals felt that state care and research attention devoted to drug users was diverting resources from more worthy causes. Both authors’ care about and concern for understanding the experiences of stigmatized drug users in China is visible through the stories they tell about the multiple dimensions of care affecting addicts in the MMT program.

Mathangi Krishnamurthy’s research note “Navigating the Body Multiple: Biomedicine, Genetics and Sex/Gender in the Lives of CAH patients” investigates the treatment of newborns with atypical genitalia in the Indian city of Pune. CAH produces various symptoms in the body, but ambiguous genitalia is the most concerning for the families of patients and their doctors. In these situations, “care” is part of the difficult translations between societal expectations of gendered and sexed bodies and genetic/biomedical accounts of normality in bodies.

A core theme in the paper is Krishnamurthy’s deep respect for the difficult job of those working out interventions in this fraught space and her commitment to keeping present the body’s excess—the way it can never fully be rendered knowable or tamed. Her research shows the possibilities and limits of care that are made available through different translations of CAH. She draws on Mol’s (2002) work on the multiplicity of bodies to show how the act of diagnosis maps the body simultaneously as its “genetic make-up and the social question of what to do with such a body in order that it can be made legible within a sex/gender binary.”

Krishnamurthy’s care-ful research asks us to rethink what ethics of care might look like in the context of CAH in India. She argues that is critical to develop solidarity with care in practice, but also takes a stand for a feminist politics of listening to the ambiguous body. The identity of intersex is situational which requires an understanding of the politics of sexual citizenship and rights in light of what the category produces in specific contexts. Ultimately, the future well-being of subjects with CAH is contingent on the shifting relationship between the social and the biomedical body.

Chen-I Kuan’s research note on “Understanding Technology in Birth Care from the Experiences of Taiwanese Obstetricians” focuses on the practice and use of technology such as cesarean sections (CS) and episiotomy by obstetricians. This highly medicalized birth system in Taiwan has emerged against the backdrop of the state’s and biomedical doctors’ marginalization of the midwifery profession. Kuan finds the medicalization of birth in Taiwan to be problematic and wants to uncover the reasons for this and possibilities for other ways of caring. She explores the ways obstetricians navigate this context and highlights the values and considerations that produce and shape “care” on the ground.

Similar to the article by Wu and her colleagues but from a different perspective, Kuan also shows how actors translate policies and institutional mandates into everyday care practices. For obstetricians, they see their interventionist medical practice as a form of “good care.” For example, many obstetricians do not view the high CS rate as a problem, but focus on the low rate of childbirth-related mortality as an indicator that they are providing good care, saying, “In this respect, we are in fact among the best in

the world. *It proves that we Taiwanese obstetricians have done a good job in taking care of women and their babies.*”

Kuan explains that she is interested in doing this care-ful research as a feminist activist working to create a more women-centered and less medicalized birth culture in Taiwan. She argues that it is important to understand the social and structural contexts of the birth care system in order to bring about birth reform. For obstetricians, they are practicing care with time constraints and with the real threat of lawsuits. In this context, the use of technology is routinized in their medical practice and limiting risk is their translation of good care. She also asks if a reintroduction of midwives into the medical system in Taiwan could alleviate some of the time constraints and pressures that plague the current medical practice of obstetricians and perhaps allow them to take better care of themselves as they care for their patients.

Three shorter pieces complete this special issue.

The first is a commentary by Christine Hauskeller, in which she discusses selected findings from the special issue articles through the lens of feminist philosophy and care ethics. Hauskeller considers these in-depth studies of care-in-context as necessary reminders that medical ethics needs to both go beyond its classic focus on the doctor/patient relationship and reflect its enabling conditions if it wants to adopt a mature care approach. Drawing on the work of feminist philosophers and ethicists Carol Gilligan and Susan Sherwin, Hauskeller advances an understanding of mature care and a critical analysis of power and political contexts. Care is always a relational act on one hand but on the other is tied up and predetermined through institutional structures that reflect entrenched power formations and biases that often suppress women and neglect their health care needs. Hauskeller sees the articles in this issue as providing empirical findings that should alert ethicists, care practitioners, and health care policy makers to the need for addressing these short-comings in medical ethics and practice.

What started as a second commentary by Andrea Whittaker we decided to include as a standalone essay. Based on fieldwork on palliative care in private hospitals in Thailand and Malaysia, this piece complements the full-length contributions to the special issue with a set of anthropological reflections on how medical travel affects the practice and organization of care. While some of Whittaker’s observations acutely resonate with those presented by McNamara in this issue, the focus here is not so much on the experiences of medical travel patients but on how those working in the receiving hospitals adjust and negotiate their provision of care. Whittaker shows that care for terminally ill medical travel patients is (1) charged with considerations of what, in each case, would constitute a good death; (2) patterned by money flows and commercial interests; and (3) complicated by what might get “lost in translation” when communicating prognoses or pain. In a further illustration of Hauskeller’s point about the need to pay attention to the dimensions out of which care is constituted, Whittaker shows how, instead of leading to homogeneity and standardization, emerging “transnational circuits of care” produce situated adjustments as well as new concerns regarding as-well-as-possible care.

The third short piece to complete this special issue is an essay by Cateljine Coopmans in which she looks back at her publications based on fieldwork on eye health research conducted in Singapore between 2010 and 2014. While the “motley crew” of papers she discusses are relevant to the special issue partly because of the way they engage with health care in Singapore, the essay’s main contribution lies in the attempt

to formulate a very personal response to the question of how to treat our own research as a “matter of care” (Puig de la Bellacasa 2017). Coopmans suggests that mustering care for what our past efforts have produced is a way to support our unfolding trajectories as researchers and honor the times, places, and relationships that form what ends up on the page. Self-care, care in academia, and care for the objects and subjects we encounter through our research, become interlinked in her account.

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