Jessica M. Mulligan

Unmanageable Care: An Ethnography of Health Care Privatization in Puerto Rico.

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Three decades ago there was a growing dissatisfaction among medical anthropologists with the ongoing direction that their subfield was taking, characterized by a narrow focus of analysis that neglected the broader historical, political, and economic context. Lynn Morgan advocated a reciprocal synthesis between anthropology and political economy as a backbone for empirical studies with a macroanalytic and materialist orientation, able to identify and explain the dynamism of local responses to macroprocesses, an emphasis usually overlooked by political economists of health (see her 1987 article, "Dependency Theory in the Political Economy of Health," *Medical Anthropology Quarterly*). Unfortunately, during the past three decades, neglect of the broader macroanalytic perspective was common in most U.S. health research. Jessica Mulligan's *Unmanageable Care* provides a refreshing example of the advocated synthesis of anthropology and political economy. This is an outstanding medical ethnography, based on detailed observations and in-depth interviews, uncovering a diversity of mechanisms of injustice by confronting typical outcomes produced by routine practices of a health insurance company in Puerto Rico.

This carefully written book, based on years of research for a doctoral dissertation, at times reads like a memoir of the work experiences of a mid-level professional in a bureaucratic organization, and at times like the fieldwork notes of a professional and astute clinical social worker. But it is Mulligan's nuanced reflections on those observations, informed by key issues of social theory and health policy debates, that separate *Unmanageable Care* from a simple recounting of an overworked quality manager at a health insurance corporation. Any reader interested in health and social policy debates will enjoy Mulligan's reformulation of critical issues: the distinction between a "truth revealing rather than truth making practice" (p. 129) of managing quality by the numbers; the conception of managed care as a "moral project" (p. 21); or the image of patients as calculating citizens that reveals the world not as it is but as management would like it to be.

Mulligan tells the story of how her research project, for unanticipated reasons, changed from an initial interest in reproductive health in Puerto Rico to an ethnography of an insurance company that administers a Medicare Advantage health insurance plan, where she ended up working for a few years. (Graduate students, take heed! An obstinate adherence to a research proposal during fieldwork may deprive a researcher of an unexpected, fruitful new research

project.) The book skillfully navigates the troubled waters of an anthropologist conducting fieldwork in the organization where she was hired, leaving no doubt that it is possible to do so while observing the codes of ethical research (see Appendix 1, pp. 231–40). Following the advice of her boss, Mulligan presented her research interests to the CEO, who enthusiastically supported her dissertation project. The CEO signed a research agreement that included a clause of nondisclosure of the company name, which is referred to throughout the book as “ACME.”

Ironically, while the book excels in explaining the influence of the political economy of health at the geographical scale of the individual patient, it denies the effect of political economy at the geographical scale of the island-nation, as it relates to policy making. Mulligan favors a cultural explanation, in which the inspirational elements of neoliberal discourse that fosters a sense of optimism, hope, and progress explain the adoption of privatized health care in Puerto Rico. She explicitly denies David Harvey’s assertion, in *A Brief History of Neoliberalism* (2005), that privatization rests on a diversity of coercive mechanisms and the fabrication of consent by which the corporate class influences national policy making. She does not engage in a critical dialogue with the scholars of the corporatization of medical care, such as Vicente Navarro and Howard Waitzkin, or with scholars of the political economy of aging, such as Meredith Minkler and Carroll Estes, who defend positions broadly consistent with those of David Harvey.

Can the experience of the managed care industry in Puerto Rico be exported to the rest of the Caribbean? In *Medicine and Public Health at the End of Empire* (2011), Howard Waitzkin explains that the exportation of managed care in Latin America in the 1990s capitalized on the social-security and pension funds of Latin American countries, under the aegis of the World Bank and International Monetary Fund. The declining importance of those financial institutions in the Caribbean region will make such exportation unlikely, and if it occurs, it will only be on a very limited basis. It will not be the result of the naive optimism and hopes of the people, but the result of the coercive muscle of capital that accompanies consent.

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