Book Reviews

Ian Harper


Grounded in two decades of his work and research as both a physician and medical anthropologist, Ian Harper’s *Development and Public Health in the Himalaya* is an ethnographic deep dive into the plural histories and landscapes of medicine, healing, and healthcare development in Nepal. With uncommon honesty and humility in the face of complexity, Harper systematically examines the implementation of government and international organisation-run healthcare programmes in Palpa, a mid-hill district of Western Nepal. Here prevails an active blend of traditional, folk, and professional forms of healing: a range of specialists who deal with the gamut of everyday problems and human predicaments that no purely epistemic medical system is able to address in isolation (Maskarinec 1995, p. 94). Harper weaves a rich, experience-near analysis that ‘lives and breathes the tensions’ (p. 3) of the complex relationship between medicine, healing and development.

While an exhaustive discussion of the universe of diverse healing modalities in Nepal is outside the scope of Harper’s book, one of its central arguments is that the breadth of healers and ethnomedical systems found in Nepal remains crucial to conceiving of primary healthcare throughout the country. These healers remain many people’s first (and subsequent) choice in the non-linear ‘diagnostic maze’ in search of healing (p. 53). Efforts to introduce and stabilise a particular biomedical order and subjectivity are thus complicated by, and contested through, people’s healthcare-seeking patterns of resort; and the proximal and distal experiences of scepticism, ambiguity, and insight borne of these engagements—for practitioner, care seeker, and author alike—are the grist for Harper’s compelling book.

His main contention is that there has been a trend towards the increasing ‘commodification of health’ (Nichter 1996) in Nepal in recent decades,
exemplified by the increased availability of, and over-dependence on, pharmaceuticals. This is what Harper calls ‘capsular promise’ (p. 121) and is central to the making of modern medical subjects. Harper’s narrative arc moves to examine the tools and worlds of local shamanic healers and mediums and then towards biomedically trained healthcare workers, NGO programme managers, and missionary doctors. In nuanced and thick description, Harper explores the practices of implementing, protocolising, diagnosing, categorising, and dispensing. The processes are discursive, material, and often ambiguous. They represent core components of what healers and healthcare workers do, and processes that Nepali patients as well as providers are forced to deal with. He elucidates in each chapter how the dual quests for order among taxonomies and an ascribed hierarchy among healers (with those practising biomedical science at the top, and those with firm ‘beliefs’ below this) shape relationships amongst healers, as well as between healers and those in search of healing. These insights are not merely anthropologically interesting, but are matters of policy with real-world implications for the health of individuals and populations.

In one section, Harper’s discussion of a traditional healer whose use of certificates, pharmaceuticals, and stethoscopes alongside mantras and prayer beads expands our understanding of medical syncretism in practice. At the same time, the ‘mimetic and magical subversion’ (p. 57) of a state-sanctioned medical order simultaneously perpetuates the discourse of the ‘backwards, quack healer’ in need of replacing or, as Harper documents, in need of training. Training programmes for traditional healers serve as illustrative of both the government and international organisations’ recognition of their role in primary healthcare, and the epistemological shrinking of space made available to these healers by the global development apparatus. They are largely ignored for not using evidence-based medicine, ‘banished along with both the dead spirits they mediate and placate . . . from the discursive space of the idea of the modern [healthy] state’ (p. 42).

To some, Harper’s book may appear disjointed in parts—stopping to discuss at some length bird-hunting missionaries in one chapter and the implementation of mental health and tuberculosis control protocols in the next. Others may suggest it lacks theoretical thrust. Yet, what some might consider the book’s limitation is also what makes this book so important. It is Harper’s reliance on in-depth knowledge of Nepal, and on the lives and experiences of those with whom he conducted medical work and research. His data reveal the complexities of programme implementation, the friction of healing encounters, and the embodied experiences of affliction, but at the same time he resists over-theorising. Indeed, Harper readily admits when he finds himself slipping