

# Interim I

## *Update on the Latest Health Care Reform Project*

Many efforts have been made since 1993 to counteract the effects of Ley 100. None, however, has attempted to reconfigure a world of care beyond the market rationale and its incentives for unlimited growth—often in tension with the logic of care. Until now.

In 2022, as I was completing the revisions for this book, Gustavo Petro, a former guerrilla, was democratically elected the first leftist president in Colombia. Such an unprecedented reconfiguration of political forces was initially accompanied by widespread hope and a sense of vindication for many Colombians. After nearly fifty years of civil war, the country was long overdue for a profound transformation. As a candidate, Petro had pledged that if elected, he would eliminate the inequities that plagued the current health care system and make sure the fundamental right to health is guaranteed for every Colombian. In early 2023, a few months after being sworn in, Petro and his minister of health, Carolina Corcho, filed with Congress the promised health care reform.

If approved, the reform will dismantle Ley 100 as we know it and unleash one of the most radical transformations in Colombia's health care system since 1993. Some of its most important goals are divesting EPSs of their financial and intermediary roles and limiting their vertical integration practices;<sup>1</sup> strengthening primary and preventive medicine services, especially in rural areas; and creating a public and online system of accountability through which individuals can track how taxpayer money is being spent on health care. As of the beginning of 2024, the bill is still making its way through Congress. Its most ardent critics argue that the reform would push the health care system into uncharted territory.

While the reform's goals may be well intentioned and much needed, it is not yet clear whether the end of neoliberal reforms, along with EPSs and their intermediation role, would prove to be sufficient measures for ensuring equitable and prompt access to quality medical services, particularly for lower-income Colombians (see Castaño 2023). This book seeks to present a reality in which we are trying to build alternatives to these kinds of policies. As Andrew Goffey has put it in the introduction to Pignarre and Stengers's *Capitalist Sorcery*, "For another world to be possible, really possible, the reality of that possibility effectively implies that we don't know quite how to respond, how to continue, how to inherit" (2011, x). Thus, efforts to create a new health care system are rife with complexity, and there is so much we need that we don't have yet.

An ecology of practice could inform these attempts. An ecological perspective, following Stengers (2005b, 183), assumes "coexistence and co-becoming as the habit of practices." That is, the common bioeconomic interest in treating and curing cancer, for instance, is informed by practices that have other interests as requisites. From an ecological perspective, any attempt at transforming the health care system would need to take up the many perspectives of all actors, however incompatible they may seem.

*Cancer Intersections* does not offer to solve the Colombian health care crisis.<sup>2</sup> Proposing and implementing "solutions"—I believe—is a goal better suited to other kinds of experts. My training as a cultural anthropologist has largely revolved around exploring the conditions that have made facts or realities possible and the ways those realities are disputed or maintained. Drawing inspiration from the writer and mystic Rupert Spira, this book does not ask questions and then provide definitive answers to them. It rather seeks to ask questions in order to expose our assumptions and dispel them. Hence, my intention is not to prevent a future crisis but rather to explore ways to be present in the midst of challenging times (Haraway 2016), when the old is dying and the new is struggling to be born, paraphrasing Antonio Gramsci (1999).