

**Book Review: “Medical Anthropology at the Intersections: Histories, Activisms, and Futures”** edited by Marcia C. Inhorn & Emily A. Wentzell Durham: Duke University Press, 2012, 352 pp US\$25.95 (paperback) ISBN 978-0-8223-5270-9

Darryl Stellmach  
Institute of Social and Cultural Anthropology, University of Oxford  
Darryl.Stellmach@anthro.ox.ac.uk

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Inhorn and Wentzells’ “Medical Anthropology at the Intersections” comes from the eponymous Society for Medical Anthropology conference. Held at Yale in 2009, the conference subtitle, “Celebrating Fifty Years of Interdisciplinarity,” tells the moment; the book’s subtitle “Histories, Activisms, and Futures” names the themes that emerged.

The authors were plenary presenters, their chapters reworked and expanded. Each offers “productive tensions” when medical anthropologists “work and think at the intersections” (5) of history, public health, science, policy, or—more personally—one’s own family, identity or activism.

In their Introduction, the editors tell of the emergence of medical anthropology as a discipline: “the study of health, illness, and healing through time and across cultural settings” (2). Their historical primer outlines major authors and trajectories, from the 1960s to present. It becomes plain, given “medical anthropologists study human suffering, as well as the medical systems ... to alleviate that suffering” (2) that interdisciplinary concerns define the discipline. The book maps interdisciplinary engagement—past, present and future, academic and applied.

In Chapter One, Emily Martin traces her path through “medical anthropology, feminism, and technoscience” (23). She relates her early ethnographic work in a military-sponsored public health program—an innocuous vaccine roll-out—to a “lightning bolt” moment with Donna Haraway, whose material-semiotic approach revealed the forces of life, history and political-economics inside the vaccine. In years following Science and Technology Studies (STS) and feminist critique further exposed how race, gender and practice imbue medicine. Today, closer links with medical history, a challenge to scientific reductionism and increasing space for public anthropology are the legacy of this

earlier work.

Chapter Two, Lynn Morgan's, is a "retrospective juxtaposition" of historical and contemporary narratives of Chinese "consumption" of fetuses. She convincingly demonstrates a Usonian "appetite" for baby-eating narratives: a fetus-fetishization "... promulgated by relatively wealthy people who live at the purported center of global power..." (60). Morgan argues anthropology should challenge ideologues' cant, yet problematically, admits temptation "to cast them as xenophobic, war-mongering, fetus-worshipping fanatics ... hang[ing] onto ... pathetic nationalistic pride..." (*ibid*). She regrets anthropology "remains vulnerable to charges of liberal astigmatism" (62). Morgan's analysis is confronting, profound but her editorial risks the charge of astigmatism she laments.

In Chapter Three Lawrence Cohen addresses the anthropology's entanglement with global governance. The internationalist pivot from "development" towards "globalization" also shifted theory and research funding—area studies declined in favour of a deterritorialized anthropology. Globalist policy and economics came to recognize "culture" (in the discredited, totalizing sense) as an extractable resource and lever for the management of populations (the "human terrain system" is an example). Faced with this "burgeoning set of para-ethnographic enterprises" (70) Cohen argues for reterritorialization: wherein anthropology, focused on the local, particular and incommensurable can challenge the validity of instrumentalist logics.

Chapter Four seeks to clarify "the obscure object" of global health. Didier Fassin, "neither an enthusiast nor a skeptic" (96), highlights assumptions. His work reveals an aspirational public weal that is always disrupted by national or local contingencies. Paradoxically, "global health starts at home" (100). Fassin unites analysis of the global (disparities, mobilities, materials, practices, bureaucracies, social networks) with his established analysis of the politics of life: the discord between a universal affirmation and manifest inequality of "life". A deeply nuanced chapter, it defies précis.

In Chapter 5, "Medical Anthropology and Mental Health: Five Questions for the Next Fifty Years," Arthur Kleinman maps emergent debates: what is social suffering, how does it pertain to mental health? How can anthropology address "ground zero ... moral death and social exclusion" (120) of patients with psychosis? How to confront the social realization of psychotropics (at present: poly-pharmacy for some, no pharmacy for others)? How does ethnography of care relate to mental health? How to combine ethnography with neurobiology (with a caution against careless, "hegemonic" STS explanations)? With his characteristic clarity, Kleinman addresses the next generation and their teachers.

Chapter 6, by Margaret Lock, will be of interest to this journal's readers. She traces the scientific career of the gene to the present age of molecular genetics, then analyzes anthropological research into social consequences: a "paradigm shift" towards "a molecularized 'social body' situated in time and space" (129) uniting biology, individual histories, exposures, experiences and economics. She assays the social ramifications when "both environmental biology and human biology are best conceptualized as local, contingent, and ceaselessly modified by human behavior" (149). She concludes with a brief case study of Alzheimer's and an exposition of future questions.

Chapter 7, by Rayna Rapp and Faye Ginsburg, is the reflexive work of anthropologists who are parents of children with disabilities. Examining "disability worlds" the pair argue that engagement, borne of kinship, has crossed social boundaries to transform disability from a hidden category to one that bridges public boundaries of research labs, the school and the arts—no longer the province of medicine alone. They parse key developments that brought disability into the wider Usonian consciousness to assert that affinity between anthropology and disability studies rests on the question of "what it means to be human" (166).

Chapter 8 aims "to suggest a strategy for moving medical anthropology toward more meaningfully influencing health-related policy development" (185). Merrill Singer asks, (when big money talks) how can medical anthropology inform policy? Singer sees community organizers as key. He highlights affinities between ethnography and community organizing—emphasis on prolonged presence, kitchen table interviews and local concerns. Where community organizing aims to expand networks to mobilize action, anthropologists by contrast, tend to address exclusive audiences—other anthropologists—to mobilize theory. He argues for a crucial compatibility between the two, a potential alliance, where theory informs action to influence policy.

In the final, ninth chapter, Richard Parker asserts that medical anthropology's intersection with activism and the arts gives anthropology "intellectual energy but also a significant ... practical impact" (206). His topics—gender, sexuality, rights and the bridge between anthropology and activism, are based in personal and professional engagement with HIV-AIDS activism in Brazil. He travels from feminism, to HIV-AIDS, to reproductive rights and sexual rights. Parker addresses scholars within and beyond these subjects. His chapter is historical, ethnographic and biographical—arguing for anthropology's power to influence public imaginations and through it, policy.

Overall, given the diverse material, most readers—those not focused on interdisciplinary anthropology as a subject—might not attempt a cover-to-cover reading.

Researchers of specific topics, or the book's three sub-headings—histories, activisms, futures—should examine the book. It is a solid addition to medical anthropology, interdisciplinary by nature.