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PRESIDENTIAL STATEMENT

Medical Anthropology at the Intersections

It may be hard to believe, but the discipline of medical anthropology is now nearly 50 years old. In 1959, one of the first references to “medical anthropology” was made in a article by a physician–anthropologist named James Roney, entitled “Medical Anthropology: A Synthetic Discipline” (Roney 1959). Craig Janes and I discovered this in our research for an article, just published in the new journal *Global Public Health*, on the legacy of our University of California at San Francisco (UCSF) mentor, Frederick Dunn (Inhorn and Janes 2007). Fred, along with Roney, Charles Leslie, Margaret Clark, Benjamin Paul, and George Foster, were among the founders of our field. When both Ben Paul and George Foster passed away in their nineties this May, within about one week of each other, many of you replied to my e-mail announcement by saying that “an era” had passed in medical anthropology.

This passing of an era has caused me to reflect on how far medical anthropology has come as a discipline and where it is headed. Medical anthropology is now very firmly entrenched not only within the larger discipline of anthropology but also as one of the medical social sciences in many universities around the world. The practicing side of our profession is also prospering, as seen at the 2007 Society for Applied Anthropology meetings, at which 1,800 anthropologists gathered in Vancouver and where medical anthropology themes were prominent. In short, I believe that medical anthropology is truly thriving. Personally, I feel grateful that perhaps this generation’s most famous medical anthropologist, Paul Farmer, through his life’s work and his many books—including *Pathologies of Power* (2003), which has just won the prestigious School for American Research’s J. I. Staley Prize—has brought so many young people into the medical anthropology fold.

But, where is medical anthropology heading in the future? I would like to argue here that the cutting edges of our field are now found “at the intersections” of many other disciplines. With our solid foundation in place, medical anthropology is now expanding outward and interacting in many productive ways across disciplinary boundaries. In the new millennium, interdisciplinarity is certainly one of the key tropes in the academy, and, at my own university, I am happy to be the

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beneficiary of this interdisciplinary impulse. I know that I am not alone here. Many medical anthropologists, including many of my colleagues on the Society for Medical Anthropology (SMA) board and MAQ readers, are similarly interdisciplinary in your outlook and training, and, as a consequence, are able to express multiple positionalities within your own universities and practice settings.

So, to reiterate, I see the wave of the future in medical anthropology “at the intersections.” I told this to our newly founded Medical Anthropology Students Association at the joint SMA–SfAA meetings in Vancouver. For the next generation of medical anthropologists—who, as students, make up one-third of the SMA—your own futures may very well lie in your ability to “be interdisciplinary” and to intersect with a number of up-and-coming disciplines.

I want briefly to describe ten disciplines with which I think medical anthropology can most profitably intersect. I would argue that all of these disciplines are becoming increasingly prominent in the new millennium. I am not an expert in most of these disciplines, and I have probably failed to attend to some important discipline that is not on my list. But this listing is intended to be productive in three ways: (1) To spur student interest in exploring interdisciplinary training; (2) to reflect the significant work that is already being done by medical anthropologists in these areas, including in our many SMA special-interest groups; and (3) to promote future conversations about ways that the SMA can intersect with these fields, for example through cosponsored sessions at our own meetings or at meetings of other professional societies. So what are my ten “top picks” for future intersection?

Ten Intersecting Disciplines

Global Public Health. At the opening of this article, I mentioned the new journal, *Global Public Health*, published by Routledge and edited by medical anthropologist Richard Parker, at Columbia University’s Mailman School of Public Health. The subject of global health is front and center in today’s public health schools and in the initiatives of philanthropists such as Bill and Melinda Gates. Global health is “the flavor of the month” in numerous institutes, centers, and interdisciplinary partnerships around the world. In short, global health is “hot,” it is well funded, and it reflects the dire need for compassion and concern regarding global health inequalities and the numerous sources of disease and suffering around the globe. Participating in this world of global health generally requires training in public health, at least on the master’s level. Increasingly, young anthropologists with the inclination toward medicine are receiving joint training as physician-anthropologists, thereby continuing in the footsteps of Fred Dunn, Arthur Kleinman, Cecil Helman, Paul Farmer, Jim Yong Kim, and many others.

Science and Technology Studies. Although global health has replaced what was once known as “international health” or “tropical medicine,” an important newer discipline is science and technology studies, or STS—the study of how science, technology, and medicine are produced, reproduced, received, reformulated, and sometimes resisted within societies around the world. Programs in STS are evolving rapidly across the country, and the desire for interdisciplinary collaboration with medical anthropology is abundantly apparent in the number of medical anthropology job postings advertising for anthropologists who are also STS scholars. Some

of our leading medical anthropologists, including Lawrence Cohen, Veena Das, Margaret Lock, Emily Martin, Paul Rabinow, Rayna Rapp, and Nancy Scheper-Hughes, to name only a few, are doing work in this area. Nonetheless, our SMA has had no special interest group to reflect this intersection. Thus, at the 2006 SMA meeting we inaugurated our new science, technology, and medicine special-interest group, with João Biehl as our leader.

Genetics/Genomics. Of the medical anthropologists I just mentioned, many of them are working, in one way or another, within the fields of genetics and genomics. The Human Genome Project has led to the rapid growth of genetic science and engineering. The development of new forms of genetic technology, such as DNA and haplotype testing, are revolutionizing forensic medicine, as well as producing new knowledge about hereditary forms of risk. In my own area of scholarship, reproduction, we are seeing a reproductive-genomics interface. The newest of the new reproductive technologies are, in fact, genetic technologies, and their uses are being described in interesting new ethnographic work by scholars such as Carole Browner, Kaja Finkler, and Sarah Franklin, whose new book with Celia Roberts, *Born and Made: An Ethnography of Preimplantation Genetic Diagnosis* (Franklin and Roberts 2006), has just been published by Princeton University Press.

Bioethics. Given these interests in the intersection of science, biomedicine, and new forms of medical technology, the discipline of bioethics has emerged to debate the merits and regulation of new forms of medical intervention. Bioethics intersects the professions of medicine and law, with professional bioethicists often coming from the ranks of doctors and lawyers. Yet there is room within bioethics for interdisciplinary intersection with philosophers, historians, and medical anthropologists, as evidenced by the existence of an SMA special-interest group on the anthropology of bioethics. Medical anthropology has a unique evaluative role to play in thinking through and interrogating some of the universalizing tendencies of bioethics in favor of more local moral considerations. Arthur Kleinman's powerful notion of "local moral worlds," and his most recent book, *What Really Matters: Living a Moral Life amidst Uncertainty and Danger* (2006), make it clear that understanding local moral systems of ethics is an imperative endeavor for medical anthropologists, particularly in an age of globalization, rising fundamentalisms, poverty, and war.

Public Policy. The next question becomes: Should, and do, medical anthropologists have a voice in such debates? Put another way, do our understandings of local cultural and moral systems really matter? It has been the position of the SMA that medical anthropologists must, to use Mark Nichter's words, "take a stand" against social injustices, particularly those impinging on human health and well-being. During Mark's presidency, the SMA "takes a stand" initiative emerged to encourage SMA involvement in matters of public policy. We have an SMA Public Policy Committee, currently headed by Doug Feldman. We are beginning to publish our policy statements in *MAQ*, on such pressing issues as U.S. ratification of the child rights and tobacco treaties. But perhaps we are less effective than we could be, because so few of us are trained in the theory and practice of public policy. Leading public policy schools are found across the country; they produce legions of master's students who enter the ranks of government, NGOs, philanthropies, and independent think tanks as policymakers. But I personally know of few medical anthropologists who have received this kind of public policy training. Perhaps if there were more

medical anthropologists ensconced in the policy world, our profession would have more power and clout at the heart of some of these vital debates. Medical anthropologists should be participating on some of the blue-ribbon panels being convened by the Institute of Medicine (IOM) of the National Academy of Science, the nation's primary advisory organization to improve health, as well as the National Institutes of Health (NIH), the nation's primary federal agency for conducting and supporting health-related research. Both of these agencies play leading roles in setting the health agenda for the nation and the world. Yet relatively few medical anthropologists are ensconced in this world of health policy and funding. To that end, I have invited Suzanne Heurtin-Roberts to serve as an ex-officio SMA board member and liaison to the NIH, where she works as one of the few medical anthropologists. In November 2007, a group of medical anthropologists, led by Suzanne, may meet for the first time with leading NIH officials to represent our research and collaborative potential. In short, the role of medical anthropology in health policy making at the level of the NIH, IOM, and beyond is an untapped area of future intersection, and, thus, I urge young medical anthropologists to consider master's-level public policy training. At my university, one of the new interdisciplinary programs in genetics and society is based in our school of public policy.

Social Work. Speaking again of my own university, we are one of the few to offer a dual Ph.D. program in anthropology and social work. This program is producing some remarkable young medical anthropologists, whose commitments to ethnographic engagement in the United States have led to award-winning dissertations. Indeed, our new *MAQ* coeditor, Andrea Sankar, has an amazing stepson named Luke Bergmann, whose humanizing ethnography of young black drug dealers in Detroit—who dealt drugs in part to support their families—won the 2004 University of Michigan Distinguished Dissertation Award and will be published by The New Press. Clearly, the kinds of issues that social workers face in their field-based practices are often the same kinds of issues that medical anthropologists encounter in their fieldwork. Both disciplines, it seems, focus on illness and suffering and are inspired by compassion and real commitment to the plight of the ill and the dispossessed. Thus, it would make sense for medical anthropologists to seek intersections with the field of social work, which is going through new sorts of theoretical transformation, academic sophistication, and openness to ethnography.

Occupational Science–Disability Studies. The same can be said for the field of occupational therapy and its relatively new academic form known as occupational science. One of the best panels I attended at the joint meetings in Vancouver was a double session organized by Gelya Frank, devoted explicitly to the intersection of anthropology and occupational science. Fascinating papers focused on the life-worlds of adults with autism and Asperger's syndrome (or "Aspie worlds"), the ways in which disability was lived by African American spinal-cord-injured victims of gunshot wounds, and many other issues surrounding disability, work, and the organization of physical and social space. I emerged from that panel thinking that the focus on disability may be one of the most important areas of medical anthropology research, not only in the United States but in societies around the globe. SMA has long had a disability studies special-interest group, led by Devva Kasnitz. Many award-winning anthropologists, including Gelya Frank and one of my own dear UCSF mentors, Joan Ablon, have devoted their life's work to disability studies.

They were clearly among the founders of the now blossoming discipline of disability studies, reflected in the second edition of Benedicte Ingstad and Susan Reynold Whyte's *Culture and Disability* (2007), just published by University of California Press.

Medical History. One of my favorite disability studies scholars is Martin Pernick, who is a medical historian of disability (Pernick 1996). Medical history is medical anthropology's "sister discipline" in the humanities. Although medical historians are textually based whereas we favor ethnography, our theoretical and topical interests are often shared. I think that most medical anthropologists would agree that our studies are enriched by attention to history and historiography. I also think that the discipline of cultural anthropology as a whole has been engaged in a historical turn, a shift toward the humanities. I believe that medical anthropology has benefited in this process. Some of our most compelling recent ethnographies document the history of modern epidemics, the rise of the medical profession in a variety of local sites, and the emergence of new forms of medical technology. Margaret Lock's work, on the development of hormone replacement therapy (Lock 1995) and the emergence of the category of "brain death" (Lock 2001), is exemplary in this regard, as is Charles Briggs's poignant history of a cholera epidemic among the indigenous peoples of Venezuela (Briggs 2004). Such modern histories of disease and death need to be told and retold, and, thus, medical anthropologists have an important role to play at the intersection of anthropology and medical history.

Gender Studies—New Masculinity Studies. I would argue that one of the most productive areas of medical anthropological research over the past two decades has been the topic of gender and health. Perhaps because of the feminization of our field and because of the existence over the past 20 years of the Eileen Basker Prize for outstanding research in gender and health, medical anthropologists have produced a massive amount of scholarship in this area, including more than 150 ethnographic volumes. I have catalogued these in an article called "Defining Women's Health: A Dozen Messages from More than 150 Ethnographies," published in *MAQ* (Inhorn 2006). What is virtually absent from my compendium, however, is any attention to men. Research on male gender and health, men and reproductive health, and other aspects of male health and well-being is entirely underdeveloped in our field. Yet the new masculinity studies have emerged as a powerful area of gender studies, as have lesbian, gay, bisexual, and transgender (LGBT) studies at many universities across the country. Medical anthropologists have a potentially prominent role to play in both of these areas, so we need to "get going" and capture this moment in the new millennium at the intersection of medical anthropology and gender studies.

Area Studies. Finally, I want to end with a heartfelt pitch for traditional "area studies," or the immersion into the language, culture, history, and politics of other parts of the world. And I would like to conclude on a personal note. When I left graduate school in 1991, I never dreamed that, 12 years later, I would be the director of a Center for Middle Eastern and North African Studies. However, all of my training in Middle Eastern studies and in Arabic paid off. I have ended up devoting my career to the medical anthropology of the Middle East and to the broader Muslim world. This part of my professional identity has become the most fascinating in recent years, because of the historical exigencies of our post-September 11 world.

I have lived in and traveled to six Middle Eastern countries, including most recently Iran, where I was invited, as a non-Muslim, U.S. medical anthropologist, to present the Sunni Islamic position on gamete and embryo donation to an entirely Shi'ite Muslim Iranian audience, including physicians, lawyers, and ayatollahs. This kind of opportunity would never have emerged if I had not devoted my career to the Middle East. I must, however, lament my loneliness there; relatively few medical anthropologists actively work in the Middle Eastern countries, although Ellen Gruenbaum has been one of my kindred spirits in the region. Earlier this year, Carolyn Sargent guest edited a special issue of *MAQ* on "medical anthropology in the Muslim world," and we reflected on this relative lacuna in our cowritten introduction (Inhorn and Sargent 2006). Thus, I urge the younger generation to take area studies seriously. Learn another language, try to get a Fulbright grant, take every opportunity to travel, and learn as much as you can about the history, culture, and politics of another country or region. We have a wealth of wonderful medical anthropology based in the United States. But some of our most fruitful intersections, especially in the interconnected, globalizing world in which we live, will be built on the area studies tradition.

In conclusion, I hope I have provided some food for thought and suggested some new directions for a vigorous, expanding medical anthropology "at the intersections" in the new millennium.

Note

This article expands on the presidential address to the Society for Medical Anthropology at the 105th Annual Meeting of the American Anthropological Association on November 17, 2006.

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