Comments on Wiley's "Adaptation and the Biocultural Paradigm in Medical Anthropology: A Critical Review"
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McElroy, Ann, and Patricia K. Townsend  
McKenna, James J.  
McKenna, James J., et al.  
Seckler, David  
Singer, Merrill  
Wiley, Andrea S.  

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Comments on Wiley’s “Adaptation and the Biocultural Paradigm in Medical Anthropology: A Critical Review”

Wiley’s distinction between “biocultural” and “critical” medical anthropologists makes me uncomfortable. Isn’t medical anthropology, by definition, biocultural? And aren’t there a growing number of anthropologists who think of themselves as critical biological anthropologists? It may be true that much critical medical anthropology has centered on nonorganic themes and that a few critical medical anthropologists are openly hostile toward biological research. These flaws need to be addressed not by driving a wedge further between political-economic and biological research, which Wiley does in spite of her conciliatory assertions to the contrary, but by making biological research and political-economic research more compatible. Our collective challenge, then, is to shape the contours of a political-economic biological anthropology. Other commentators will discuss the theoretical and practical efforts being made toward this
end. I would like to concentrate on one problematic aspect of Wiley’s argument, namely her unwillingness to position herself, or the subfield of biological anthropology within a real-world sociopolitical field.

Wiley notes that biological anthropologists are infrequently motivated by any “manifest political agenda” (p. 217). In effect, biological anthropologists often ignore the political dimensions of their work. Yet Wiley seems unperturbed by this particular characteristic of biological anthropology. Her elaboration of a “more critically informed biocultural anthropology” (p. 226) does not call for any increased political awareness. Wiley omits any discussion of the political factors affecting research agendas, seeming to imply that biological anthropologists need not be concerned with how or why their work is funded or executed, or with their own participation in creating a set of meanings that affect how others interpret their results. When Wiley ignores the sociopolitical context in which biological anthropologists live and work, she hints that it is acceptable for biological anthropologists to consider their work objective and value free.

Wiley’s oversight is most evident in her discussion of human genetic variability research, where she asserts that “social equality is a goal worth striving for, but it is entirely separate from the study of genetic diversity among humans” (p. 227). Research into human genetic variability is highly politicized in the U.S. context, and hence germane to social equality. The rise of the New Right in the 1980s brought a resurgence of biological determinism and renewed support for research into biological (usually genetic) explanations for variations in race, gender, and sexual orientation (Lewontin, Rose, and Kamin 1984). The biological “truths” uncovered by the multibillion dollar Human Genome Project will inevitably and immediately become weapons in social policy debates. For example, “as health care becomes a public responsibility, funded through taxes, and as the cost escalates, taxpayers may ultimately rebel against paying for the care of those whose genes doom them to severe disease or disability” (Kevles and Hood 1992:28). Wiley admits that research into genetic diversity has been used “to further political ends” (p. 227), but she does not consider that critical medical anthropologists might eschew or criticize genetic research precisely because they are committed to resisting biological reductionism. The backlash against genetic research results not from any inherent rejection of science or of biological fact, but from the straightforward recognition of the elitist and discriminatory ends to which such research has historically been directed.

Genetic diversity has an impact on people’s health. I will not dispute that statement, but Wiley does not understand that claims regarding the “truth” are not at issue (see Duster 1990). The issue, from the point of view of critical medical anthropology, is to expose collusion between science, as it is currently practiced, and social inequality by challenging why genetic investigation fascinates, dominates, and overwhelms the scientific and popular imagination. “A primary task of critical medical anthropology . . . must be the unveiling of official ideologies masquerading as empirical realities” (Singer and Baer 1989:100). In challenging genetic research, critical medical anthropologists open to scrutiny the ideological and political subtexts that drive research and funding priorities. They deliberately challenge the myth of scientific objectivity and lack of accountability and argue that researchers should self-consciously acknowledge their roles in a field of power.
Critical biological anthropologists have begun to situate their subjects within broader social frames and political-economic contexts, but incorporating "political-economic factors" into one's research is not necessarily the same as situating oneself politically. The subject is given fuller dimensions, but the investigator remains detached. The next logical step for biological anthropologists in this age of critical inquiry is to locate themselves and situate their knowledge in an open discursive frame in which conversation and argumentation are valued over the presentation of "objective" knowledge (Escobar 1992:8–9), and where their biases become explicit components of the biological and ethnographic "realities" they portray. This will require them to be reflexive and self-critical, which may initially seem awkward to the scientist who is, after all, accustomed to speaking in an authoritative voice. Ultimately, though, all of anthropology will benefit as we enable each other to be responsible for our roles in creating, reproducing, and potentially transforming social relations of power.

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